



CLAIM FORM

(Company does not admit liability by the issuance of this form)

- 1. Policy Number.....
- 2. Name of Insured.....
- 3. Address of the insured.....
- 4. E-mail Address.....
- 5. Mobil Number.....
- 6. Name of Claimant.....
- 7. Occupation.....
- 8. Period of Cover.....
- 9. Name of Principal/Client.....
- 10. Address and phone no. of the principal
.....
- 11. Date & Time services were rendered to your client.....
- 12. Terms and conditions of your engagement and nature of service rendered.....
.....
.....
- 13. Name of the staff/professional that caused the loss.....
.....
- 14. Experience of the staff on the job.....

15. Level of supervision.....
16. Give details of the fact that led to current situation.....

17. When did you become aware of the circumstances which might gave rise to a claim against you or loss incurred by you?

18. Give full description /specification of loss/damaged item: Eg. Model, Manufacturer etc.....

19. Has any intention to claim from you been expressed.....
20. If yes, please give estimate of amount for which you may be liable in any basis

21. Has any payment been made by you so far?
 If so, please provide evidence of such payment
22. Please give details of any other insurance cover on the loss/damaged item.....

Declaration

I.....do hereby declare that the information given above is true and correct to the best of my knowledge. I further declare that the property for which this claim is made belongs to me and no other person has interest in it, whether as owner, mortgagee or trustee.

Signature.....Date.....
 Witness

Name.....Address.....

Signature.....Date.....