



KBL Insurance (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. Date and time the incident occurred.....
7. Exact place where Accident/Loss occurred.....
.....
8. Give full details of how the accident occurred.....
.....
9. Was someone injured/any property damaged.....
10. If yes, please provide name, address and phone no. of the person/owner(s)
Name.....phone
- Address.....
- Nature and extent of damage.....
- Amount being claimed: (please attach relevant documents).....
11. Where can the damaged property be inspected?.....
.....
12. Has the matter been reported to the police?.....

If yes, please attach copy of the police report issued

13. Are there any other policies covering you for this accident?.....

14. If yes, please provide details of the insurance.

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.....