

Witnesses

Name: _____ Name: _____
Address: _____ Address: _____

Telephone No.: _____ Telephone No.: _____

Police

If reported to the police, state which station, reference number and date reported:

Date: _____ Reference Number: _____
Police Station: _____

Property Damage

Name of the owner: _____
Address of the owner: _____
Description of damage

Personal Injuries

Name, address and age of the injured person.

1. Name: _____ 2. Name: _____
Address: _____ Address: _____

Age: _____ Age: _____
Details of injuries.
1. _____ 2. _____

Relationship

If the person named above is in your service, or your tenant, or related to you, give full details.

Claim

If a claim is made against you, give details and attach any correspondence.

Declaration

I solemnly declare that I have suffered loss of or damage to the property enumerated above and on the reverse hereof and that the said property was in my possession immediately prior or during the said loss/damage which occurred in the circumstances described above. I confirm that all the questions were completed honestly and fully by me. I understand that the accuracy and effectiveness of this Claim Form are dependent on the quality and accuracy of the information I provide.

Insured's Signature: _____ Capacity: _____ Date: _____

Description of Accident - overleaf

State exactly how the accident occurred: