



Claim Form

Financial Lines

Please answer all questions as fully as possible, and attach additional material if necessary.

1. INSURED DETAILS

Name of Insured
.....
.....

Address
.....

Telephone Number

Relevant contact person.....

Email address

2. POLICY NO.

3. CLAIM DETAILS

3.1 Please provide details of the claim which has been made, or of the circumstances you wish to notify. If correspondence has been received in relation to the claim, please attach copies.

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3.2 Please provide your response to the claim including your advice as to whether any other person or entity has contributed to the circumstances which have given rise to the claim.

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4. DECLARATION

Claim Form – Financial Lines

I declare on behalf of the above-named insured that the information contained herein is true and correct to the best of my knowledge.

Name

Position held

Signature

Date

Last Updated: 05/12/2016 at 18:58