

NEWLINE CLAIM FORM

INSURED

INSURED ADDRESS.....
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CONTACT NAME AND TELEPHONE NUMBER

EMAIL ADDRESS

POLICY NUMBER AND TYPE OF INSURANCE

IS THIS A CLAIM OR A CIRCUMSTANCE: Y/N

PRECIS OF FACTS GIVING RISE TO THE NOTIFICATION (additional information may be provided on a separate page) This should include, for example and not exhaustively: relevant dates, the names of all parties involved, details of any lawyers appointed, copies of any relevant correspondence, the current status of the matter and any deadlines

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.....**WHEN DID THE INSURED FIRST BECOME AWARE OF EITHER :**

- i) A claim made against them
- ii) Circumstances that may give rise to a claim
- iii) A complaint OR
- iv) An accident or incident

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PLEASE PROVIDE AN INDICATION OF THE QUANTUM INVOLVED IN THE CLAIM OR POTENTIAL CLAIM.....**PLEASE ADVISE ANY FURTHER INFORMATION THAT MAY ASSIST INSURERS IN THEIR UNDERSTANDING OF THIS NOTIFICATION.....**