

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.....**