

NEWLINE CLAIM FORM

INSURED _____

INSURED ADDRESS _____

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.

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?

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