

Specialist Security Liability Underwriting Managers: General, Pollution, Products, Security Liability, Professional Indemnity, Custody & Control, Firearms, Fidelity Risks

CLAIM FORM

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| Claim No: Office Use Only |
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|-------------------|--|-----------|-------|
| Insured | Policy Number: | | |
| | Intermediary / Agent: | | |
| | Company Name: | | |
| | Physical Address: | | |
| | Postal Address: | Code: | |
| | Telephone Numbers: | Business: | |
| | Email Address: | 1. | |
| | | 2. | |
| 3. | | | |
| Type of Business: | | | |
| Event | Event: | Date: | Time: |
| | Discovery: | Date: | Time: |
| Place of Event | Place where loss or damage occurred: | | |
| | If on premises, was it occupied at the time of the incident: | | |
| | Type of Loss: | | |

| | | |
|------------------------|---|-----------------------|
| Description | Describe fully how the loss or damage occurred: | |
| Cause of loss / damage | If Loss/Damage caused by another party give name and contact details: | Name: Contact: |

| | | | |
|------------------|--|----------------|--------------------------|
| Security Company | Security company name: | Date Reported: | Security co case number: |
| | Investigation officer name and contact details: (Attach copy of security company's incident report) | | |
| Police | Police Station: | Place: | |
| | Date Reported and Case Number: | Date: | Case No: |
| Value | Value of Claim: | Description: | |
| Declaration | <p>I/We hereby declare the foregoing particulars to be true in every respect.</p> <p>Signature of Insured: _____</p> <p>Capacity: _____</p> <p>Date: _____</p> | | |