



## GENERAL CLAIM FORM

SOME QUESTIONS MAY NOT APPLY TO YOUR SPECIFIC LOSS. IF SO PLEASE INDICATE N/A (NOT APPLICABLE)  
ACCEPTANCE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY BY THE PRINCIPLE.  
ALL CLAIMS WILL BE ASSESSED AND

1. MEMBER	Name _____ Tel No (H) _____ (W) _____ (Cell) _____ Home Address _____ Fax _____ Business Address _____ E-Mail _____
2. DATE TIME & PLACE OF LOSS OR POLICE REPORT	Date of Loss ____ / ____ / 20 ____ Place _____ Time _____ Was building occupied _____ If No how long was it unoccupied _____ When was the loss reported to police ? Date ____ / ____ / 20 ____ Time _____ To which Police Station was the report made _____ Name & Force No of Officer _____ Who reported to the Police _____ Copy of Police Report Attached _____
3. YOUR ACCOUNT OF INCIDENT	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
4. DAMAGE OR INJURY	Please detail extent of damage to buildings/vehicles (N.B.) Property schedule needs to be completed overleaf _____ _____ _____ _____ _____ _____ Drivers Signature _____
5. DAMAGE TO OTHER PEOPLE'S PROPERTY	Name _____ Address _____ Tel No _____ Extend and description of damage to their property damage _____ _____ Do you know who their insurers are (Yes/No) If Yes _____

