

Incident notification form

Type of incident (mandatory)

Industrial Special Risks / Commercial Property claims	<input type="checkbox"/>	Motor Vehicle Accident / Theft claims	<input type="checkbox"/>
Public Liability	<input type="checkbox"/>	Travel Insurance claims	<input type="checkbox"/>
Personal Accident / Sickness / Injury to volunteers	<input type="checkbox"/>	Fraud / Misappropriation of funds / Fidelity guarantee	<input type="checkbox"/>
Construction / Contract Works claims	<input type="checkbox"/>	Professional indemnity / Director & Officers claim / Statutory liability	<input type="checkbox"/>

Details of insured party (mandatory)

Name of your organisation	<input type="text"/>	Address	<input type="text"/>
Your name and title	<input type="text"/>	Email address	<input type="text"/>

Details of incident

Date of incident	<input type="text"/>	Location of incident	<input type="text"/>
Description of incident			
<input type="text"/>			

Details of third party (if relevant)

Name	<input type="text"/>	Address	<input type="text"/>	Email address	<input type="text"/>
Business phone number	<input type="text"/>	Mobile phone number	<input type="text"/>	Date of birth (if known)	<input type="text"/>

Declaration

I / We declare that the particulars provided in response to the questions contained in this Claim Form are true and correct, and I / We have not suppressed, misrepresented or misstated any relevant fact.

I / We consent to your use of any personal information included in this Claim Form in accordance with your Privacy Policy, which is accessible at the bottom of this page. I / We understand that failing to provide such personal information may prevent you from assisting with an insurance claim.

I/We accept ☐ I/We decline ☐

Name	<input type="text"/>	Date	<input type="text"/>
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