

INSURER: CLAIM NUMBER:
NAME: ADDRESS: TEL NO.
CLASS: POLICY NUMBER:
GIVE BRIEF PARTICULARS OF THE CAUSE NATURE AND EXTENT OF THE ACCIDENT/LOSS/DAMAGE: (Continue on separate sheet if necessary)
DATE OF LOSS – ON OR ABOUT: WAS LOSS REPORTED TO LOCAL AUTHORITIES: YES/NO INVESTIGATING OFFICER/STATION: CASE # _____ ATTACHED CORRESPONDENCE? __ (IF AVAILABLE)
I/We hereby declare that, to the best of my/our knowledge and belief, the foregoing statements and those on supplementary documents, are fully and truly made. I/We acknowledge and understand that any misrepresentation, fraudulent act, or statement made in support of my/our claim will lead to the claim being voided, and may result in criminal prosecution. I/We confirm that/there is no other insurance policy in effect which would indemnify me/us for this Loss. I/We agree that insurers may, at their option, make settlement of any claim, suit, or Action for Damages that may be made against me/us in respect of the above incident.
INSURED'S SIGNATURE: _____ DATE: _____