

NAME ON POLICY:

POLICY NUMBER:

NAME OF PERSON REPORTING THE LOSS/DAMAGE:

ADDRESS ON POLICY:

BEST TELEPHONE NO:

BEST E-MAIL:

DATE OF LOSS/DAMAGE – ON OR ABOUT: _____

DID THE LOSS OCCUR INSIDE OR OUTSIDE YOUR HOME? _____

IN BERMUDA OR ABROAD? _____

WHERE DID LOSS/DAMAGE OCCUR? _____

WAS LOSS REPORTED TO LOCAL AUTHORITIES (Police generally): YES/NO (please circle)

INVESTIGATING OFFICER/STATION: _____

CASE # _____ ATTACH ANY CORRESPONDENCE (y/n) _____ (IF AVAILABLE)

GIVE DETAILS OF THE CAUSE NATURE AND EXTENT OF THE ACCIDENT, LOSS OR DAMAGE:

(Continue on separate sheet if necessary)

I/We hereby declare that, to the best of my/our knowledge and belief, the foregoing statements and those on supplementary documents and or pages, 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.

I/We give my/our consent for the processing of my personal and sensitive data to support this claim.

RESERVATION OF RIGHTS – I/We understand that whilst Insurers may continue to investigate, assess, and process this claim, this does not constitute an admission of liability, and they continue to reserve their rights under the policy.

INSURED’S SIGNATURE: _____ DATE: _____

INSURED’S NAME: _____