

## Business Options

**PART 1** DETAILS OF INSURED

Full Name of Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

Business Address \_\_\_\_\_

**PART 2** DETAILS OF CLAIM

Date and Time of Incident \_\_\_\_\_

Details of Incident \_\_\_\_\_

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**PART 3** DECLARATION BY THE CLAIMANT

I/We declare that the above statements and particulars are complete and correct, and no material fact has been misrepresented, misstated or withheld.

Print Name \_\_\_\_\_

Email Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_