

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 _____

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 _____