

CLAIM FORM FOR TERRORISM

Please complete this form and return it with all relevant documentation to the above address. This is to be completed by the Insured or a legal representative of the Insured.

SECTION 1 - INSURED DETAILS

- 1. Full Name of Insured
- 2. Contact Details: (tel): (fax):
(mobile): (web):
(email):
(postal): (code): (town/ city):

SECTION 2 - CLAIM DETAILS

- 3. Date of Loss Time
- 4. Location of Loss
- 5. Explain fully how Loss occurred

- 6. Value of Claim in Monetary terms:

PLEASE ATTACH DOCUMENTATION THAT MAY SUPPORT YOUR CLAIM

- 7. Are you claiming under any other policy in respect of this accident ? Yes No
If yes, please give full name and address of Insurer

DECLARATION

I hereby declare that the above statements are true in every aspect.

Date : _____ Signature : _____

(Rubber Stamp if Corporate)