

Insured	Broker Name Address Contact No. Business/ Occupation VAT No.
Description of Accident	Date Time Place where accident occurred Please state exactly how accident happened
Witnesses	1. Full name, address and telephone no. _____ 2. _____
Police	If reported to the police, please state at which station and provide the reference number
Property Damage	Name & address of owner Description of damage
Personal Injury	Name, address and age of the insured person Details of Injury
Relationship	If the person name above is in your service, or your tenant, or related to you, provide full details
Claim	If the claim is made against you, provide details and attach any correspondence
Declaration	I/We declare that to the best of my/our knowledge the above statements are truly made Insured Signature: _____ Capacity: _____ Date: _____