CLAIM FORM

Name: _____ Date: _____

Address: _____

Postal code: _____ Telephone: _____

Email address: _____

Type of claim: personal injury ☐ vehicle damage ☐ property damage ☐

Date of loss/claim: _____

Location of loss/claim: _____

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Details of loss/claim: _____

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Attachments: _____

Signed: _____