CLAIM FORM

| Name: | | Date: | |
|------------------------|-----------------|----------------|-----------------|
| | | | |
| Postal code: | | Telephone: | |
| Email address: | | | |
| Type of claim: | personal injury | vehicle damage | property damage |
| Date of loss/claim: _ | | | |
| Location of loss/claim | n: | | |
| Details of loss/claim: | | | |
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| Attachments: | | | |
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| Signed: | | | |