

ERRORS AND OMISSIONS INSURANCE POLICY CLAIMS FORM

8. Please provide name and address of the claimant

[illegible]

9. Please specify the Claimant's occupation?

10. Give full particulars of any other relevant aspect

11. Please provide the amount claimed as damage from you:

**ERRORS AND OMISSIONS INSURANCE POLICY
CLAIMS FORM**

12. Give the names and addresses of Person who witnessed the incident

13. Has the incident been reported to Police or any other authority? YES ☐ NO ☐ If YES, please state to whom and attach a copy of the report submitted.

14. What action, if any, has been taken by the authority?

15. Please give particulars of other insurance if any, in respect of the same risk

16. Please provide details of any claim been made upon you before

DECLARATIONS

I/ We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be forfeited. I/We also agree to provide additional information to the company, if required.

Date: _____

Proposer Signature: _____