



4

Police
If reported to the police, state which station and reference number

Police station

Reference number

continued overleaf

5 Property damage

Name and address of owner

Description of damage

6 Personal injuries

Name, address and age of injured person 1

Details of injury

Name, address and age of injured person 2

Details of injury

7 Relationship

If person/s named above is/are in your service, or your tenant, or related to you, give full details

8 Claim

If claim made against you, give details and attach any correspondence

9 Declaration

I/We declare that to the best of my/our knowledge the above statements are truly made

Insured's signature

Capacity

Date

D D M M Y E A R