

CLAIM FORM

NOTE:

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM. CLAIM BENEFITS MAYBE PAID AFTER VERIFICATION OF COMPLIANCE TO POLICY TERMS AND AGREEMENTS.

Name	<input type="text"/>		
Address	<input type="text"/>		
Tel No.	<input type="text"/>		
Email Address	<input type="text"/>		
Insurance Policy Type	<input type="text"/>		
Insurance Company Name	<input type="text"/>		
Start Date	<input type="text" value="DD / MM / YYYY"/>	End Date	<input type="text" value="DD / MM / YYYY"/>

Details of claim

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OFFICE USE ONLY

Claim Received By

Date

Action Taken or required

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Date completed

Signature