

CLAIM NOTIFICATION FORM

Reported by of

Method of Reporting: from ARiS Website

Date Reported Time

Details Required: (Please fill whatever details you have available / on hand)

Name of Insured

Policy Number

Date of Accident/Damage/ Loss.....

Place of Accident/Loss.....

Circumstances of Loss/Damage /Message.....

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Estimate of Loss/ Damage

Police Station Loss reported

Contact Person at Insured's Tel No.....

If it is a Motor Claim:

Motor Vehicle Reg. No.

Where Can the Vehicle be Inspected?

Any Other Additional details

COMPLETED BY

ACTION.....

DATE