



Liability Claim Form

PART 1 – PLEASE COMPLETE FOR ALL CLAIMS

Insured: Policy Number:

If company, partnership etc, state full registered name or trading name

Address:	
	State: Post Code:
Telephone No: (Day)	Telephone No: (Eve)
Mobile:	Fax::

Lease/Rented Premises

In accordance with the Lease/Rental Agreement, is the Landlord required to pay for the repairs or replacement?	Yes	No
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Location at which loss, damage or accident occurred (e.g. address)

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For what purposes are the premises at the location occupied?

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Date which loss, damage or accident occurred?

Date		Time	
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What was the nature of the loss, damage or accident? (eg damage to roof tiles)	
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How was it caused? (e.g. storm)	
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What steps were taken to prevent or reduce further loss, damage or injury?	
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Has any other person, other than you, an interest in the property?	Yes	No
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If yes, please give details

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Give name and addresses of any witnesses

Has any claim been made upon you verbally or otherwise?	Yes	No
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If yes, give particulars and forward any correspondence to Miramar Underwriting Agency

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Was any liability admitted?	Yes	No
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Has any enquiry been held by the Police relative to the accident?	Yes	No
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If yes, state when and where

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PRIVACY

We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you do not provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told him or her that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, ask us for a copy.

Important information for completion of claim form

You should retain a copy of all information supplied to the insurers

Please return your fully completed claim form to:- **Your Broker**

Please use a separate sheet of paper if you need more space to complete any question

Declaration

I/We declare that the above particulars are a true account of the loss, damage or injury sustained by me/us and that the claim shown above does not include any profit or advantage of any kind. I/We further declare that all the conditions and warranties of the policy have been faithfully complied with and that no party insured has willfully caused the said loss, damage or injury or sought unjustly to benefit thereby.

Signature.....

Date ___/___/___

Print Name.....

Signature.....

Date ___/___/___

Print Name.....