



XL CATLIN

Claim Form

THIS FORM SHOULD BE COMPLETED BY THE INSURED. PLEASE COMPLETE IN BLOCK CAPITALS USING BLUE OR BLACK INK, INITIAL EACH PAGE AND SIGN PAGE FIVE.

1) POLICY INFORMATION

1a) Policy Number: (*)

1b) Broker(s) details:

2) YOUR INFORMATION

Continue on page six or additional sheets of paper if you need additional space.

2a) Your first name: (*)

Middle name(s):

Last name: (*)

2b) What is your relationship to the Insured as shown in the Policy Schedule?: (Please check ONE box) (*)

I am the Insured

☐

I am a Officer of the Insured(s)
business or corporation.

☐

Other (Please specify)

☐

2c) Your daytime telephone number: (*)

2d) Your email address: (*)

2e) Mobile telephone number:

2f) Your date of birth: (DD / MM / YYYY) (*)

2g) Your full address: (*) (Including Post Code)

2h) If you have been at your present Address for less than 3 years please provide us with your previous Full Address: (*) (Including Post Code)

3) CLAIM DETAILS

3a) Type of loss/incident: (Please check ONE box) (*)

Theft / Robbery

☐

Fire/Flood

☐

Damage Only Loss

☐

Other (Please specify)

☐

Questions Marked with (*) = Required Information

3b) Date of loss/incident: (DD / MM / YYYY) (*)

3c) Time of loss/incident: (If available)

3d) Loss or incident details: (Please give us a description of the circumstances surrounding the loss/incident, please try to be as clear and precise as possible, and use page five and additional sheets of paper if needed.) (*)

Note: Please provide copies of any/all relevant documentation you may have in relation to your claim (i.e. Police/crime reports, letters, and any replies including a photocopy of any cheque(s) that you may receive etc.).

3e) Details/Address where the loss or incident took place: (If different from the Insured's address as shown on page one of this form) (*)

3f) Description of the item(s) that have been lost or damaged: (Please try to be as clear and precise as possible, and use page five and attach any additional sheets of paper if needed.) (*)

Note: It may be useful if you could supply any photographs that you may have of the item(s).

Questions Marked with (*) = Required Information

3g) Where appropriate, please provide us with any witness details: (Please provide us with the full name(s), address(es), and telephone number(s) of all known witnesses. Please also advise whether each witness is independent or associated with you.) (*)

3h) Claim Amount: (This amount should be either the cost to repair the item(s), or where the item(s) insured has been lost or stolen, it should be the amount that you told us it was worth when you took out the policy.) – Please provide us with any documents that you feel support this figure, such as any purchase receipts, invoices, memo's or estimates to repair. If the records are not immediately available, please provide an estimate now, and forward the records to us as soon as possible.) (*)

Amount: _____

3i) Do you believe any one else is responsible for the damage to, or loss of your item(s)? (*)

YES / NO

3j) If your answer to 3i is 'Yes', please provide details of whom and why you feel they are responsible. (*)

3k) If the loss/incident is of a criminal nature (for example theft, or robbery etc) did you report it to the police? YES / NO

3l) If your answer to 3k is 'Yes', then please could you provide us with the full details. (Including the name and address of the police station to which you reported the loss, police report number (or other crime reference), the date of your report and the name(s) of the police officer(s) involved). (*)

Depending upon the nature of your claim, we may need more details before a decision regarding your claim can be made. If this is the case, you will be contacted by one of our representatives.

Questions Marked with (*) = Required Information

4) DECLARATION, AUTHORISATION & DATA PROTECTION

It is important that you read this section carefully before signing and returning it to us.

If you apply for an insurance policy or attempt to make a claim, and you, or any one acting for you, deliberately provide us with any information that you know is either false or inaccurate, you may be committing a fraudulent act, which is a crime. In which case we may cancel your policy, and we may also refuse to settle all or any part of any claim you have made, furthermore you may also be subject to either criminal or civil legal proceedings.

I the undersigned hereby confirm and understand that in connection with this Preliminary Claim Form an investigation may be carried out by the Catlin Group Limited and/or their representative(s) (who may include, but are not limited to, Catlin Underwriting Agencies Limited, Catlin Insurance Company Limited, Catlin Insurance Company (UK) Limited, Catlin Australia PTY Ltd., co-insurers, re-insurers, the cover holder, a third party administrator, the appointed loss adjuster, solicitors, attorneys, accountants, experts, or other agents) and who shall hereafter be collectively referred to as "the Catlin Group Limited" and that this investigation may include, but is not limited to, an examination of all of the circumstances surrounding the loss, the claim submission and the relevant insurance policy documents.

I further acknowledge and agree, without limitation, that the Catlin Group Limited in connection with this Preliminary Claim Form or any other preliminary claims submission may hold and process by computer and/or otherwise any information that they obtain and/or have obtained about me. In addition to the information I have given or is already held by the Catlin Group Limited, I further acknowledge and agree, without limitation, that the Catlin Group Limited may obtain information about me from other persons and/or organisations (including Credit Reference Agencies and Fraud Prevention Agencies), pertaining to this investigation, and as they deem appropriate. Such information or documentation may include but is not limited to, the following types of information about me: financial information, business affiliations, background verification, verification of education and certifications, civil and criminal litigation histories, judgments, tax liens, and bankruptcies, credit reports and histories, verification of information provided to the Catlin Group Limited and any and all public records information available.

I hereby authorise the Catlin Group Limited and/or their representatives to register any item(s) or goods reported as lost and/or stolen in this claim with any and all appropriate loss registers, either maintained by the Catlin Group Limited and/or their representative(s) and/or any other 3rd party. Furthermore, I hereby authorise the Catlin Group Limited to make available or submit any information to any Credit Search Agencies, Fraud Prevention Agencies and/or government authorities as they deem necessary.

I acknowledge that the submission to, and the acceptance of this completed Preliminary Claim Form by the Catlin Group Limited' (i) is not a waiver of any of the Catlin Group Limited' rights available under the Policy of insurance and/or at law or otherwise; (ii), does not create any rights that would not otherwise exist; and, (iii) does not constitute an agreement by the Catlin Group Limited that the information contained herein is accurate. This Preliminary Claim Form remains the property of the Catlin Group Limited at all times.

I agree that if the Catlin Group Limited admit and settle our claim, any such payment made to our brokers (as detailed on page two of this document) whether in account or otherwise, shall be a complete and absolute discharge to the Catlin Group Limited for the amount[s] claimed.

A facsimile (FAX) or photographic copy of this declaration and authorisation shall be as valid as the original.

INSURED: To be Completed and Signed by the individual as detailed in **Section 2** of this Preliminary Claim Form

I the undersigned hereby confirm that I have read and understand the Declaration, Authorisation and Data Protection information as detailed above, and can further confirm that, to the best of my knowledge, all of the information contained within this Preliminary Claim Form is both true and accurate. (*)

Signed: _____ Dated: _____

Full Name: _____ (Print)

Questions Marked with (*) = Required Information

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

6) THIS SECTION TO BE COMPLETED BY CATLIN GROUP LTD:

Appointed Loss Adjuster: