

Incident Notification Guideline

PLEASE ENSURE ALL THIRD PARTY ADDRESSES ARE REDACTED ON ANY DOCUMENTATION ACCOMPANYING AN INCIDENT ONLY NOTIFICATION

Claimant Name Claimant	Yes	<input type="checkbox"/>
Contact Number	Yes	<input type="checkbox"/>
Claimant Address	No	<input type="checkbox"/>

Witness Name/s	Yes	<input type="checkbox"/>
Witness contact number/s	Yes	<input type="checkbox"/>
Witness Address/s	No	<input type="checkbox"/>

Details Accepted

Insured Name :	
Policy Reference:	
Incident Date: Policy Type :	
(e.g EL, PL, Motor/HHD)	
Car Reg No :	

Claimant Name and Contact Number:	
Claimant Name and Contact Number:	
Claimant Name and Contact Number:	

Witness Name and Contact Number:	
Witness Name and Contact Number:	
Witness Name and Contact Number:	

Accident Details:	
Injury Details:	
Was Hospital Attended:	