

CATLIN / BROKER INPUT ONLY

Insured's Name & Address:

.....

Contact name & telephone

.....

Location of Loss (Full Address if known):

.....

Broker name & telephone/e-mail address:

.....

Scheme name & broker reference:

.....

Type of Loss/Peril Code
 (e.g. PL/EL/Theft/Flood etc.):

.....

Incident Date: __/__/____

Policy No:

Policy Start Date: __/__/____

Policy End Date: __/__/____

Circumstances:

.....

Claimant (if applicable):

.....

Claimant's Solicitors (if applicable):

.....

Claimant's Occupation (if applicable):

.....

Claimant's Date of Birth (if applicable):

__/__/____

COMMENTS (An indication of the seriousness/magnitude of the loss
 and any special underwriting aspects)

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KLA INPUT ONLY

KLA Ref:

.....

Client Code:

.....

Director:

.....

Adjuster:

.....

Delegated Authority:

Yes/No

Date Received: __/__/____

Reserving: (Please choose)

Liability

General Damages:

Special Damages:

NHS / Medical:

Claimants Costs:

Defence Costs:

Material Damage

General Loss:

Adjuster Fees: