

CLAIMANT QUESTIONNAIRE

Our Policyholder :

Policy No :

According to our Policyholder, you have lodged a claim against him/her. In order to process the claim, please answer the following questions and return them to us as soon as possible. **We would like to point out that a fraudulent or exaggerated claim (e.g. the inclusion of additional repairs or replacements) may result in the rejection of your entire claim.**

Your Name :

Your Address :

Date of Claim/Time :

Place of Damage :

Type of Damage :

Estimated amount of damage (if possible, preliminary estimate) :

Can you make deductions on input taxes?

Are you insured against damages for which **you** are responsible? If yes, please provide:

Name of Insurance Company :

Address :

Policy No :

Please provide us with a **detailed description of the incident** on the back of the sheet. Sketches may be included. Please include a detailed description of the **error** which you believe our policyholder made.

SIGNATURE:

DATE:

Please return the completed form to Pantaenius UK Limited, Marine Building, 1 Queen Anne Place, Plymouth. PL4 0FB.