

# Third Party Claimant Questionnaire /0517

## Personal Details

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.**

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

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

I hereby certify that the information given in this form is truthful, accurate & complete.



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Plymouth · Phone +44 17 52 22 36 56

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