

Claimant Questionnaire 0818

Our Policyholder:	Policy No:
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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:
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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. Yes No

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.

Signed:	Date
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Please note: Our current Privacy Policy can be found under Pantaenius.co.uk/privacypolicy.
Please return the completed form to Pantaenius UK Limited, Marine Building, 1 Queen Anne Place, Plymouth. PL4 0FB.



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