



INITIAL CLAIMS NOTIFICATION FORM

PLEASE READ THE NOTES & INFORMATION INCLUDED IN THIS NOTIFICATION

A Insured Company Details			
Name			
Policy No			
B Relevant Insured Person(s) Details			
Full name(s) of insured person(s) and the insured entity of which they are a Director(s)/officer(s) or Employee(s) who are the subject of the claim(s) or potential claim(s)	Insured Person:	Insured Entity:	
From what activity on the part of the Insured does the claim or potential claim arise			
B Claimant Details			
Claimant			
Address			
Contract Conditions	Please attach a copy of the Contract Conditions in force. If no signed Contract Conditions are in force, please provide copies of any correspondence relevant to the Conditions under which the Contract is performed		
C Details of Incident giving rise to the claim			
Estimate of Claim			
Details of the claim or circumstance that may give rise to a claim			
Third Party Action	Has the Third Party issued a demand or indicated intention to claim?	Yes	No
Date on which you first became aware of the claim or circumstance			
Date on which the claim or intimation of a claim was first made against you			
Was first notification or intimation of a claim in writing or verbal?			



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If in writing , please attach a copy of the document. If verbal , please provide a "first person" account of the conversation	
Please make your own comments in response to both the circumstances giving or which might give rise to a claim and the quantum	

If there any additional details which you wish to advise, which may be material or which may be of interest to the Insurers in this regard, please provide details on a separate sheet of paper and ensure that these details are submitted along with all/additional supporting documentation.

I, the undersigned as an authorized signatory hereto confirm that:-

- (a) I have read and understood the attached notes to this notification
- (b) The above information is, to the best of my knowledge and belief, correct

Signed at _____ this _____ day of _____, _____

For and on behalf of the Insured: _____
 Capacity: _____

NOTES & INFORMATION

The purpose of the information contained in this Initial Claims Notification Form is to:-

- (a) enable Abelard to provide the Insured with efficient services in the processing and settlement, if applicable, of the claim. Delays in the provision of information will delay the progress of the claim and lead to frustrations on the part of all parties involved.
- (b) provide the Insurers with sufficient information to enable them to make an informed decision as to whether an Assessor or Attorney, or both, should be appointed to investigate/defend any claim made, or which may be anticipated from the Third Party.



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It is imperative, therefore, that:-

1. The Notification Form is completed in full and all required information be submitted to Abelard as soon as possible.
2. All information and documentation requested by Insurers during the progress of the claim, until finalization, be provided as soon as practicable following requests therefore.

We consider the insurance to be a partnership between Insurers and the Insured and would request the full co-operation of the Insured in assisting us to bring any claim to satisfactory and early finalization.

Initial & Date