

CLAIM REPORTING FORM

IMPORTANT NOTICE

YOU SHOULD ONLY USE THIS FORM IF YOU ARE INSURED THROUGH ANGEL UNDERWRITING.

This form is to assist you in reporting a circumstance or claim under your Angel policy. Please remember the more information you give us the more effectively and efficiently we can handle your claim.

You can email your completed Claim Form to our claim team at plclaims@angelunderwriting.com or fax it to us on 01206 215501. If you wish to speak to us you can call a member of the Angel Claim Team on 01206 215500 Monday to Friday between 09:00am and 05:00pm.

Please note: A written receipt of this claim will be sent once received by us. The claim will not be considered reported until you receive written acknowledgment from us.

Company or Named Insured:

Your Policy Number:

Your Contact Address (if different to the one shown on the policy.)

Post Code:

Main Tel No:

Person to Contact:

Position:

Tel No:

Email Address:

Who is the claimant?

Is this a company? or individual?

What is the nature of the claim? Please attach separate sheet if necessary.

Do you know the date the incident allegedly occurred? If "Yes" then please specify.

Do you know the date the incident was first reported to a director, manager or supervisory employee?
If "Yes" then please specify.

Do you know if the complaint been lodged with any government authority?
If "Yes" then please state who and attach further details.

Do you know if a writ has been filed or a demand for compensation made?

Do you know if a solicitor has been retained by the claimant?

Name of the person completing this form: _____
(if different from above)

Signed:

Date: