

Special Events Claim Form

Allianz Insurance plc | Commercial



Ref No (Please insert)

Address Stamp of Issuing Office

Please complete and return this form to:

Policy Holder

Name

Policy Number

Address

Postcode

Tel. No. Home

Tel. No. Office

Event

Name/Type of Event

Date(s) held

Location

Details of Claim – Public Liability

Date

Time

Place

Description of what happened

Name and address of third party

Extent of injury or damage sustained by third party

Please attach any correspondence you may have received

Details of Claim – Rainfall

Reason for cancellation

Please indicate exact time/day decision made to cancel

What was the total of fixed costs to hold the event?

Please attach invoices to support fixed costs

Was event expected to make a net profit?

Yes No

If so how much?

Amount claimed

Details of Claim – All Risks

Date Time Place

Description of what happened

Are you the sole owner of the Property for which the claim is made? Yes No

If **No**, give details of interested parties

Amount claimed

Enclose any documentary evidence in support of claim

Details of Claim – Money

Date Time Place

Description of what happened

Amount claimed

Enclose any documentary evidence in support of claim

Details of Claim – Personal Assault

Date Time Place

Name of individual assaulted Age

Description of what happened

Usual occupation of victim

Nature and extent of injury

Date of first absence from work

What is expected period of incapacity?

Name and address of doctor who signed the attached medical certificate

Enclose medical certificate

Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EMU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UP law. We will store such personal details on computer but will not keep them for longer than necessary. Under terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is **true and correct** to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy. If you are in any doubt as to whether a fact is material, **you must disclose it.**

FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

I declare the above statements and particulars are true and complete.

Signature Date