

DETAILS OF WITNESSES

Names	Addresses
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

DETAILS OF TENANT (Please complete this Section if the claimant is your tenant)

Name and Address

Nature of tenancy and date of commencement

(Please provide a copy of the tenancy agreement)

Has any notice of defect been given to you or your agent prior to the accident? Yes No

If yes, please state the date and the steps taken to remedy such defect

DECLARATION

I declare that the information given is true and correct to the best of my knowledge and belief. I understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and the Insurer may refuse to pay the claim.

Signature

Company's Stamp

Name

Date