



PRELIMINARY CLAIMS ADVICE FORM

Nominated Insurer :

Number of Coupon Policy :

Nominated Insurer's Claim No. :

Name of Insured :

Insured's Postal Address :

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SASRIA deductible/Co-Insurance applicable

State: YES/NO :

If YES: State Amount/Percentage

And attach relevant endorsement :

Period of Insurance :

Rating Classification :

Estimate of Claim :

Date of Loss :

Address at which loss occurred :

Brief description of loss :

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Name of Loss Adjuster :

(if appointed) and Date of Appointment :

Broker's Name :

Broker's Address :

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Broker's Contact Person :

Broker's Claim No. :

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Signed by:

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(Name in block letters)