|  |  |  |
| --- | --- | --- |
| **GENERAL INFORMATION** | INSURED’S NAME \*  |  |
| INSURED CONTACT PERSON AND CONTACT DETAILS \* |  |
| BROKER \* |  |
| BROKER CONTACT PERSON AND CONTACT DETAILS \* |  |
| POLICY NAME AND NUMBER \* |  |
|
|  **INCIDENT** | DATE OF THE INCIDENT \* |  |
| DATE WHEN INSURED FIRST BECAME AWARE OF INCIDENT \*  |  |
| SOCIAL MEDIA PLATFORM | Eg (Twitter, Facebook etc) |
| BRIEF DESCRIPTION OF THE INCIDENT \*(Attach a screen shot hereto if available) |
| SOCIAL MEDIA PROFILE OF INSURED PERSON | Eg (@the\_insuredperson) |
| **THE THIRD PARTY** | THIRD PARTY - NAME \* (IF MORE THAN ONE THIRD PARTY IS INVOLVED, PLEASE PROVIDE DETAILS IN A SEPERATE DOCUMENT) |  |
| CONTACT DETAILS |  |
| NATURE OF RELATIONSHIP BETWEEN INSURED AND THIRD PARTY |  |
| **THE DAMAGE / INJURY / LOSS** | BRIEF DESCRIPTION OF THE INJURY/DAMAGE/ LOSS SUFFERED BY THE THIRD PARTY \*:  |
| ESTIMATED QUANTUM OR CLAIMED AMOUNT \* |  |
| **DOCUMENTS AND OTHER EVIDENCE IN SUPPORT OF THE CLAIM** | **DESCRIPTION**  |  **NOT** **AVAILABLE** | **ATTACHED** | **NOT ATTACHED** **BUT AVAILABLE** |
| LETTER/S OF DEMAND/ SUMMONS/ NOTICES OF INSTITUTING LEGAL PROCEEDINGS FROM THIRD PARTY AND/OR THEIR LEGAL REPRESENTATIVES |  |  |  |
| ANY OTHER INFORMATION AND DOCUMENTS WHICH MAY BE OF RELEVANCE – Please specify |  |  |  |

I/We declare that the information provided above is both true and correct.

I/We hereby undertake to provide the outstanding information and/or documents indicated under the “NOT ATTACHED BUT AVAILABLE” column above, to SHA and/or its agents as soon as possible.

I/We also undertake to furnish any further information and/or documents and/or correspondences relating to this claim to SHA and/or its agents as and when it becomes available, and to keep SHA and/or its agents updated as to any further developments herein as far as possible.

SIGNED ON BEHALF OF THE INSURED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL NAMES (IN PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAPACITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED ON BEHALF OF THE BROKER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL NAMES (IN PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_