ARiS
Risk & Insurance Solutions

CLAIM NOTIFICATION FORM

Reported by …… of ……

Method of Reporting: from ARiS Website

Date Reported …… Time ……

Details Required: (Please fill whatever details you have available / on hand)

Name of Insured ……

Policy Number ……..

Date of Accident/Damage/ Loss……

Place of Accident/Loss……

Circumstances of Loss/Damage /Message……..

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Estimate of Loss/ Damage ……..

Police Station Loss reported ……..

Contact Person at Insured's …… Tel No……

If it is a Motor Claim:

Motor Vehicle Reg. No. ……

Where Can the Vehicle be Inspected? ……

Any Other Additional details …… ……

COMPLETED BY ……

ACTION……

DATE ……..