

DETAILS OF THIRD PARTY

Claimant name:

Does the Claimant have a direct or indirect financial interest in you?

Yes / No

Is the Claimant related to you in any other way?

Yes / No

If Yes, to either of the above questions, please explain:

DETAILS OF PAST LOSSES AND CURRENT CLAIMS

Please list below all losses or circumstances (whether or not resulting in claims) paid or outstanding during the past five years:

Year of Loss	Description of Loss	Amount Paid	Amount Outstanding
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

DECLARATION:

1. I/We declare that all information contained in this form and on any attachments is complete and correct;
2. I/We agree that, should there be any dispute over any payment of this claim, the Insurer and/or Apex General Limited as applicable shall be entitled to submit the dispute to arbitration.
3. I/We authorise the disclosure of personal information held by any party regarding this claim.
4. I/We agree to Apex General Limited and the Insurer releasing to other parties personal information regarding this claim.
5. I/We authorise the Insurer and/or Apex General Limited and/or authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.
6. I/We authorise the Insurer and/or Apex General Limited and/or authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

NOTE: Failure to provide full and correct information could result in your claim not being accepted by the Insurer.

SIGNED: _____

DATE: _____