

6. Who carried out the work which gave rise to the accident or incident? What is their role in your organisation? _____

7. What damage or injury was caused by the accident or incident? _____

8. How much is being claimed from you? _____

9. Do you consider that you are at fault and why? _____

10. Have you made any admissions of liability or responsibility? Yes No
 If "YES", please provide details: _____

11. Have you obtained any legal or other advice about the claim against you? Yes No
 If "YES", please provide details: _____

C. Declaration and signature

I declare that:

- | | | |
|----|--------------------|---|
| 1. | Material facts | (a) All information given to Sherpa Insurance Brokers & Advocates in connection with this claim (whether oral or written) is true and correct;
(b) No information relevant to the claim is omitted. |
| 2. | Use of information | (a) My personal information collected by Sherpa Insurance Brokers & Advocates in connection with this claim may be:
(i) disclosed to other members of the insurance industry and Insurance Claims Register Limited;
(ii) disclosed to parties repairing or replacing the subject matter of the claim;
(iii) disclosed to parties who have a financial interest in the subject matter of the policy;
b) My personal information held by any other parties in connection with this claim may be disclosed to the insurer. |

Please note:

- The insurer will gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you do not to provide it, or if you provide any false or untrue information, your claim may be declined.
- Your claims history is passed onto, and held by, Insurance Claims Register Limited. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed on behalf of all insureds: _____ Signature date: _____

Full name: _____