

LOSS ASSESSORS FEES

CLAIM FORM

CLAIM REPORT FORM

Policy No:

Policyholder:

Policyholder's Address:

Contact Name: Paul Cooper

Date the LAFS policy inception:

Date Claim Notified under Primary Policy:

Brief Details of Loss (continue on a separate sheet if necessary):

Claim Declaration:

- 1. Is the loss covered by a Primary Policy specified in the Schedule of Insurance?
- 2. Has the LAFS premium been calculated in respect of each applicable Primary Policy?
- 3. Has the Primary Policy Insurer accepted the claim under their policy?
- 4. Is the loss under the Primary Policy greater than or expected to be greater than £5,000?
- 5. Is the Loss Assessor to be appointed on the LAFS approved panel?

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

If 'YES', please advise the name of the Loss Assessor:

If 'No', please supply full details to allow further consideration of this claim.

Claim Reserve Information:

6. Please advise us of the reserve set by the Insurer of the Primary Policy(ies): £

7. Please provide a rough estimate of the likely duration of the claim:

Signature:

Date:

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