



CLAIMS NOTIFICATION FORM

Please complete this form, attach any relevant documentation, and submit by email to the named claims contact on your Certificate of Insurance. Their email address can be found on the website. Just look them up at www.ttclub.com/contact-us

Company Name (Assured):

Certificate of Insurance Number:

Your Reference (if any) for this Claim:

Your function: (i.e. haulier, stevedore, NVOG etc)

Claim Amount (if known):

Date of Incident:

Date Incident reported to you:

Location of Incident: i.e. nearest town, together with state/country

Description of Incident: (include full details of any subcontractors and other third parties)

Action which you have already taken (appointment of surveyor, steps to prevent further loss etc)

Name:

Date:

The nature and extent of information will differ according to the type of claim. Where available, please detail or attach the following:

- Contractual conditions (if applicable, i.e. standard terms, bill of lading or air waybill)
- Accident reports or statements
- Photographs
- Details of any other parties involved (eg. claimant, third parties or subcontractors)
- Internal and external correspondence relating to the incident.

YOUR COVER MAY BE COMPROMISED IF YOU ADMIT LIABILITY WITHOUT OUR AGREEMENT AND GENERALLY IT IS BETTER TO REFER APPROACHES FROM THE CLAIMANT TO US AS YOUR INSURERS