XL CATLIN

Claim Loss Form (version 4 - 07/MAY/2015)

Please complete each of the sections below that are applicable. Fields marked with an asterisk* are mandatory.

Submitter

*Title: *First Name: *Last Name:

*Full Postal Address:

*Telephone Number (including country and area code):

*Email Address: Reference Number:

Insured/Policy Holder *(Only complete if these are different to above)*

Insured Name:

*Policy Number:

*Insured Contact

*Title: *First Name: *Last Name:

*Full Postal Address:

*Telephone Number (including country and area code):

*Email Address: Reference Number:

Loss Information

*Trigger Date (date of Occurrence or Claims Made date) *(dd/mm/yyyy)*:

*Loss Description:

Additional Information (If applicable):

*Incident Report ☑ or Claim ☐ *(Please tick as appropriate)*

Has suit been filed? Yes ☑ or No ☐ *(Please tick as appropriate)*

Loss Location:

Street:

City: State/Province: Zip/Postal Code: Country:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report shall be subject to criminal and civil penalty.

Claimant

☐ *Tick if the same as Insured. If not, please complete details below*

Name:

Full Postal Address:

Telephone Number (including country and area code):

Email Address: Reference Number:

Claim Contact

Submitter ☐ Insured ☐ *Please tick as appropriate. Otherwise please complete below*

Name:

Full Postal Address:

Telephone Number (including country and area code):

Email Address: Reference Number:

Once completed please forward to the appropriate email address below:

US & Canada	- Design Professional	designproclaimnewnotices@xlcatlin.com
US & Canada	- Select Professional - Professional	proclaimnewnotices@xlcatlin.com
US & Canada	- Environmental - Excess & Surplus - Equine - Global Casualty - Excess Casualty - Energy - Global Property - Construction All Risks	napropcasclaimnewnotices@xlcatlin.com
US & Canada	- Aviation - Fine Art & Specie - Marine & Offshore Energy	specialtyclaimnewnotices@xlcatlin.com
Bermuda	Property & Casualty	intlpropcasclaimnewnotices@xlcatlin.com
Bermuda	Professional	proclaimnewnotices@xlcatlin.com
All other locations	ALL LINES	Click here to contact your local XL Claims contact person

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report shall be subject to criminal and civil penalty.