

SECURITY GENERAL INSURANCE COMPANY LIMITED

CLAIM INTIMATION FORM

| | |
|--------------------------|--|
| Policy No. | |
| Insured Name | |
| Contact Person | |
| Email Address | |
| Insured Interest | |
| Affected Items | |
| Cause of Loss | |
| Date of Loss | |
| Location of Loss | |
| Estimated Amount of Loss | |