

PRIVACY NOTICE

Your personal information

The basics

We are Markel International Insurance Company Limited with company number, and our registered office is at 20 Fenchurch Street, London EC3M 3AZ, United Kingdom. We are providing you with this information notice about how we process your personal data in compliance with the data protection legislation applicable to the United Kingdom.

Without prejudice to any claims or coverage issues we insure the named policyholder under an insurance policy and we are collecting and using relevant information about you in connection with a claim made under that insurance policy.

This information includes details such as your name and address and may include more sensitive details such as information about your health and any criminal convictions you may have.

In the course of dealing with your claim, your information may be shared with and used by a number of third parties, but only in connection with the claim made under the insurance cover.

Want more details?

For more information about how we use your personal information please see our full Markel International Privacy Policy, a copy of which is available online at www.markelinternational.com or on request by sending us an email to dataprotectionofficer@markelintl.com or by writing to the Data Protection Officer, Markel International, 20 Fenchurch Street, London EC3M 3AZ.

Contacting us and your rights

You have rights in relation to the information we hold about you, including the right to access your information. Please contact us by sending us an email to dataprotectionofficer@markelintl.com or by writing to the Data Protection Officer, Markel International, 20 Fenchurch Street, London EC3M 3AZ if you wish to exercise your rights, discuss how we use your information or request a copy of our full Markel International Privacy Policy.

The issue of this form is not an admission of liability



Please return to:

Encoreinsure
c/o Integro Insurance Brokers Ltd
71 Fenchurch Street
London EC3M 4BS

Tel: +44 (0)203 915 0000

Email: claims@encoreinsure.com

INSURED

Policy number

Broker Integro Insurance Brokers Ltd

1. Name
2. Address

State name and telephone number of person to contact for further enquiries

3. Business (if more than one state all) Theatrical Producer

4. Are you registered for VAT? YES NO

 If YES, is VAT recoverable from the Tax Authorities? YES NO

5. Are there any other insurances covering this incident? YES NO

 If YES, give details

CIRCUMSTANCES

6. Date Time

7. Place

8. Nature of work being carried out at the time of the occurrence

9. State fully what happened to CAUSE the injury or disease

10. When was the occurrence first reported to you?
 By whom?

INJURED PERSON

14. Name

15. Address

Incl postcode

16. Occupation

17. Date of birth

18. Marital Status

19. Length of service

20. Works/Clock/Payroll No.

21. Department

22. N.I. Number

23. State nature and extent of the disease

24. Has he/she returned to work?

YES

NO

If YES, state date of return

25. Is he/she in your direct employment?

YES

NO

If NO, give name and address of employer

26. Average net weekly/ monthly earnings

pw/pm

27. Average number of hours worked per week

hours

28. Did he/she have any physical defects or relevant medical history before the occurrence?

YES

NO

29. What exactly was he/she doing at the time of the occurrence?

30. Was this in the course of his/her employment?

YES

NO

31. Was the injured person taken to hospital?

YES

NO

If YES, give details

IMPORTANT NOTES

- (i) Any communication or document received in connection with the occurrence must be forwarded to Travelers unanswered and without delay.
 - (ii) In accordance with the General Policy Conditions no offer of payment or admission of liability must be made by you or any other person offered indemnity under the Policy.
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DECLARATION

By submitting this form you declare that the foregoing particulars are true to the best of your knowledge and belief. You authorise Markel International to make such admissions on your behalf as it deems appropriate and you agree to render to Markel International all assistance in the investigation of the claim. You further agree to provide such assistance as may be necessary in pursuing recovery of any outlay.

Name

Position / Job Title

Date