

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

- 1. Name
- 2. Address

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

3. Business Theatrical Producers

4. Are you registered for VAT? YES NO

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

 If YES, how much is recoverable

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

 If YES, give details

CLAIMANT

- 6. Name
- 7. Address
 Incl postcode

8. Occupation

9. State nature and extent of injury or disease

CIRCUMSTANCES

10. Date _____ Time _____
11. Place _____
12. State fully what happened to CAUSE the injury or disease _____
13. When was the occurrence first reported to you?
By whom? _____
14. Names, addresses and telephone numbers of witnesses _____
15. Did you enter into any contract which might be relevant to the circumstances?
YES NO
- If YES, give details _____
16. Was the site/premises your responsibility at the time of the occurrence?
YES NO
- If NO, who was responsible _____
17. Was any defect/obstacle present at the site/premises? YES NO
- If YES, give details _____
18. What were the dimensions of the obstacle? _____
19. What was the cause of the defect/obstacle? _____
20. Have photographs been taken? If so please attach YES NO
21. Have any accidents/complaints been reported prior to this occurrence?
YES NO
- If YES, give details _____
22. Were regular inspections of the site/premises carried out before the occurrence?
YES NO
- If YES, how regular were the inspections carried out? _____
23. Is a written record retained? If yes please attach YES NO
24. When was the last inspection of the site/premises carried out prior to the occurrence? _____

25. Was any defect/obstacle noted at that time?

YES NO

If YES, what action was taken and when?

26. Did a Third Party cause or contribute to the occurrence

YES NO

If YES, please advise name and address

27. In respect of property damage can the amount claimed be verified by an official representative of the Insured?

YES NO

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.

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