



Provisional Claims Advice and Notification Form

This form should be submitted:

- 】 As soon as possible in the event of a Critical Illness diagnosis
- 】 As soon as possible following an accident that may lead to Personal Accident claim
- 】 If the Insured Person has been unable to carry out their Occupation for 60 days, or
- 】 As soon as possible if it is likely that a Disability may last in excess of 90 days, or
- 】 At any time that the Insured Person wishes to notify a potential claim.

Acknowledgement by the insurer of the receipt of this form will constitute written notification.

The Insurer will not accept liability for any claim, which is not notified in writing to the Insurer within one (1) year of the calendar date of the event giving rise to the claim.

Name of Employer:	
Full Name of Claimant:	
Rank:	
Date of Birth:	
Policy number	
Brief Details of Sickness or Accident to Claimant:	
Date of occurrence (first day of sickness/ accident)	
Name and contact details of Medical Practitioner making diagnosis / report.	
Current treatment and prognosis (if known)	
This notification completed by:	Name: Date: Signed:
Contact Information: (this will be used for future correspondence)	

Once completed please scan and email this form directly to : TopCoverClaim@starrcompanies.com

If you do NOT receive an acknowledgment of receipt please contact the insurer.