

CLAIM NOTIFICATION & AUTHORIZATION FORM

(For those that have already submitted a claim to Olympic Insurance Company Ltd (under Liquidation).)

I, as claimant/ authorized representative/guardian of
....., in relation to **the claim submitted to**
Olympic Insurance Company Ltd (under Liquidation), authorize:

- a. the Motor Insurers' Fund to contact the joint Liquidators (Official Receiver and Mr. Paul Nacouzi) to obtain all the necessary information and documents for the handling of my claim; and
- b. the Liquidators to provide the Motor Insurers' Fund with all the information and documents for the handling of my claim.

I provide below contact and accident details :

Date of accident:

Claimant's name:

ID number/ Registration number (if company):

Address:.....

Telephone contact number:

E-mail:.....

Fax:

Claimant's Capacity:

- a. Pedestrian
- b. Owner of vehicle under registration number
- c. Passenger
- d. Driver
- e. Owner of other property
- f. Cyclist
- g. Other

Additional information:

Reference Number of Olympic Insurance Company Ltd (if known) or judgment (if exists, please attach):

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Registration number of the vehicle insured with Olympic Insurance Company Ltd (if known:

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Date:

.....

Signature