

Property Damage & Liability Claim Form

This form may be used for property damage and liability insurance claims. **Please complete in detail to ensure prompt handling.**

Policyholder / Named Insured X	Agent
Policy Number	Claim Number <i>(to be supplied by the company)</i>
Address of Insured	Daytime Telephone Mobile
Email Address	Beneficiary / Mortgagee <i>(when applicable)</i>

Policy Type *(Please Select)*

- Home Insurance Builders Risk (C.A.R.) General Liability Employers Liability
 Business Property Insurance Money Insurance Product Liability Other,

Details of Occurrence *(Always complete this section)*

Date of Incident	Time and Place of Incident
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Please state cause and describe the facts surrounding the incident *(use a separate sheet if necessary)*

To whom was the incident reported to <i>(provide copy of report)</i>	Date and Time the incident was reported
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Is the incident insured by another insurance policy? Yes No If yes, please supply name of company and policy number:

Please provide name and contact information of any eyewitnesses

Property Damage Claim *(Loss or Damage to property owned by you. For liability claim please proceed to next section)*

Loss Type *(Please Select)*

- Fire, Explosion Storm, Hurricane Flood Damage
 Burglary, Theft or Robbery Water Damage Other,

Claim Details

Was the premises occupied at the time of the occurrence? Yes No N/A If no, when was the premises last occupied?

Was the premises undergoing any construction? Yes No If yes, please provide contact information of contractor

Have you suffered a loss of this nature before? Yes No If yes, please describe the cause and details of damage or loss suffered

How was entry into the premises gained? *(in case of burglary, theft)*

Loss Summary (Loss or Damage to property owned by you)

Description of Item	Details of Damage / Loss	Date of Purchase	Original Price	Damage Estimate

Liability Claim (Complete this section ONLY if a claim is made against you)

Loss Type (Please Select)

- Bodily Injury
 Third Party Property Damage

Claim Details

Who caused the incident? (Please state Name and Telephone No.)	Relationship to Policyholder (family member, employee, etc.)
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Describe Injury (if applicable)

Did the injured party receive medical attention? Yes No If, yes please describe

Details of Property Damage (if applicable)	Property Damage Estimate
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Third Party Details

Name	Gender
Date of Birth	Occupation / Employer
Daytime Telephone Mobile	Address

Enclosed Documents

- Police Report
 Quotations for repair/replacement
 Letters from Third Party
 Photographs of Damage
 Invoices/Purchase receipts
 Other,

Declaration

By signing below I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Name Date Place

Signature
