

## LIABILITY INSURANCE CLAIM FORM

The issuing of this form is not to be taken as an admission of Liability by the Insurer

<b>1. Name and address of Insured</b>	_____
	_____
	_____
	_____
<b>Policy No.</b>	_____
<b>2. When did the loss or damage occur ?</b>	<b>Time :</b> _____ <b>Date :</b> _____ .
<b>When was notice first given to the Insurer ?</b>	<b>To whom :</b> _____ <b>By Whom :</b> _____ .
<b>3. Are they any witnesses ?</b>	<b>Yes</b> <b>No</b>
<b>If so, please give names, professions and addresses</b>	_____
	_____
	_____
<b>4. Name of the claimant</b>	_____
<b>Address</b>	_____
	_____
<b>Phone / Fax No.</b>	_____
<b>5. Short description of loss circumstances</b>	_____
	_____
	_____
	_____
	_____
<b>6. Claim amount</b>	<input type="checkbox"/> <b>Bodily Injury</b> <b>Total</b> _____ .
	<input type="checkbox"/> <b>Material Damage</b> <b>Total</b> _____ .

The Undersigned Insured declares that he has answered the above question conscientiously and truthfully

Issued at :

Date :

Signature :

