Allianz

LIABILITY INSURANCE CLAIM FORM

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

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

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

Issued at : **Date :** **Signature :**