

Agency..... Policy No.....Claim No.....

This form should be completed and returned to the Company immediately, whether a claim has been made on the insured or not.

1. Name of Insured Address Business	Telephone No.
2. Date, hour and place of incident	
3. State precisely what happened	
4. Nature and extent of injury or damage	
5. (a) Name, address and age of injured person/ owner of property damaged (b) Is he or she in your service? (c) Name of person responsible for incident 6. State whether any verbal or written claim has been made upon you, with details of amount, if known. If the claim is in writing, please forward the communication to us unanswered. 7. Have any steps been taken to compromise or settle the matter in any way? If so, how and by whom? 8. When, and by whom, was the incident reported to you? 9. Names and addresses of witnesses of incident 10. Was the incident reported to the Police? If so, at which office?	

I/We declare that the above statements are true to the best of my/our knowledge and belief.

Date..... Insured's Signature.....