Claims Reporting Form - Liability

ZURICH™

Fax to: 1-877-977-8077 or Email to: claims@zurich.com

General Information		
Name of person reporting	Telephone number	For reporting only ☐ Yes ☐ No
Name of Broker	Broker telephone number	Broker fax number

Insured's Information		
Name and address of the Insured (including postal code)		Business telephone (incl.ext.) Ext.
		Cellular number
Contact name	Contact e-mail address	Contact language spoken

Policy Information		
Policy number	Policy period (dd/mm/yyyy) From To	Certificate number (if applicable)
Lienholder/Mortgage/Other Insurance		
Coverage (Type of policy form, limits, deductible)		

Accident Information			
Address where loss occurred		Date of loss (dd/mm/yyyy)	Time of loss
		Province or State/Country	
Kind of loss			
Please give description of loss			
Were the authorities contacted (police, fire, ambulance)? ☐ Yes ☐ No	Was a report number given? ☐ Yes ☐ No	If yes, list number	
If Police/Fire Department contacted, name of officer	Division	Badge number	

Injury Information			
Name and address of injured party			
Date of birth (dd/mm/yyyy)	Home telephone	Work telephone	Contact at home/work
Were any injuries incurred? ☐ Yes ☐ No	What part of the body?		
What treatment was given? (Please check) ☐ No medical treatment ☐ Minor on site remedies ☐ Minor clinic or hospital ☐ Emergency evaluation ☐ Hospitalization for more than 24 hours			
Give description of the injuries			
Name and address of treating physician			Telephone number
Name and address of treating hospital/clinic			Telephone number
Male/Female	Marital status (Check one) ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced		Number of dependents

Witness Information
Name and address of a witness to the incident Telephone number where witness can be reached

Anything related to the incident you would like to add

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MC - Marque déposée de «Zurich» Compagnie d'Assurances