

LIABILITY LOSS NOTICE

Date of Loss : _____ Time of Loss: _____

Policy No.: _____ Policy Form (#) : _____

Effective Date: _____ Expiry Date: _____

Insured Name: _____

Contact Person: _____ Tel (Home): _____

Tel (Cell): _____ Tel (Bus): _____

E-mail: _____ Fax: _____

Insured Address: _____

Location of Risk: _____

Deductible: _____

Name of Person Reporting: _____ Relationship to Insured: _____

Location of Loss: _____

Describe details of this claim or the circumstances that may result in a claim:

Date you became aware of this claim or circumstances which could give rise to a claim: _____

How were you made aware of the claim or circumstances which could give rise to a claim?

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Name of Claimant: _____

Address (if known): _____

Have you been served with a Writ of Summons or Statement of Claim? _____

Broker Name _____

Telephone: _____

Broker Contact: _____

Telephone: _____

Fax: _____

E-mail _____