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## LIABILITY CLAIM NOTIFICATION

|                       |         |                          |
|-----------------------|---------|--------------------------|
| <b>Policy details</b> | Insured | Policy number – if known |
|-----------------------|---------|--------------------------|

|                         |  |                        |
|-------------------------|--|------------------------|
| <b>Incident details</b> | Date and time of loss  | Place of loss, address |
|                         | When was the damage noticed, date and time?  | Who noticed the loss?  |
|                         | When was the damage notified to the insured?   | Cause of loss          |
|                         | Description of the incident (extra paper, drawings and attachments can be used to illustrate the incident) |                        |



|  |  |                             |
|--|--|-----------------------------|
|  | Was the damage surveyed?   | When?                       |
|  | Was the damage notified to the police?   | Are there any eyewitnesses? |
|  | Does the insured hold itself liable for the damage? (to be filled only if the insured notifies the loss) | On what basis?              |

|                 |   |                    |
|-----------------|---|--------------------|
| <b>Claimant</b> | (Company) address, contact person                           | Phone, fax, e-mail |
|                 | <b>Amount claimed or estimate of the loss</b>               |                    |
|                 | Banking details (account number, bank address, swifth code) |                    |

|                 |                                   |                    |
|-----------------|-----------------------------------|--------------------|
| <b>Notifier</b> | (Company) contact person, address | Phone, fax, e-mail |
|-----------------|-----------------------------------|--------------------|

|                  |           |                |
|------------------|-----------|----------------|
| <b>Signature</b> | Signature | Place and date |
|------------------|-----------|----------------|

|                    |               |                          |
|--------------------|---------------|--------------------------|
| <b>Attachments</b> | Receipts      | <input type="checkbox"/> |
|                    | Survey report | <input type="checkbox"/> |
|                    | Photographs   | <input type="checkbox"/> |
|                    | Other, what?  | <input type="checkbox"/> |