



FREISENBRUCH-MEYER

General Claims Form

NAME ON POLICY:

POLICY NUMBER:

TYPE OF POLICY (HOME/MARINE/BUSINESS):

NAME OF PERSON REPORTING THE LOSS/DAMAGE:

ADDRESS ON POLICY:

BEST TELEPHONE NO:

BEST E-MAIL:

GIVE DETAILED PARTICULARS OF THE CAUSE NATURE AND EXTENT OF THE INCIDENT, LOSS AND/OR DAMAGE:

(Continue on separate sheet if necessary – IF TYPING, DELETE THE LINES AND TYPE FREELY IN THE SPACES)

DATE OF INCIDENT, LOSS OR DAMAGE – ON OR ABOUT: _____

SPECIFIC LOCATION OF INCIDENT, LOSS OR DAMAGE _____

EXPLANATION WHAT OCCURRED WITH AS MUCH DETAIL AS POSSIBLE - PLEASE SEE MORE QUESTIONS ON FOLLOWING PAGES:

WAS THE INCIDENT, LOSS OR DAMAGE REPORTED TO LOCAL AUTHORITIES (Police/Fire services generally): YES/NO (please circle or highlight)

INVESTIGATING OFFICER/BADGE NO/STATION: _____

CASE # _____ PLEASE ATTACH ANY CORRESPONDENCE OR ACCIDENT REPORT **Y/N** NOTE IF ATTACHED



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Name, relationship, and address/phone number of any witnesses that saw the incident as it happened who are willing to speak to us:

SPECIFIC DESCRIPTION OF ANY PROPERTY DAMAGE TO YOUR BELONGINGS ALONG WITH DETAILS, ESTIMATES, INVOICES IF AVAILABLE

DESCRIPTION OF ANY INJURIES ALONG WITH DETAILS AS KNOWN:

WAS / WERE/ARE YOU INJURED? **Y/N** WERE YOU/OTHERS TAKEN BY AMBULANCE TO HOSPITAL? **Y/N** IF SO, WHOM?

Please describe all injuries and any treatment such as ambulance, hospital visit, immediate surgery

Are you claiming for anyone else who is injured such as a minor child? If so, please complete the following:

Their Name and date of birth: _____

Relationship to you: _____

Please describe their injuries and any immediate treatment and prognosis if known:



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DECLARATION

I/We hereby declare that, to the best of my/our knowledge and belief, the foregoing statements and those on supplementary documents and or pages, are fully and truly made.

I/We acknowledge and understand that any misrepresentation, fraudulent act, or statement made in support of my/our claim will lead to the claim being voided and may result in criminal prosecution.

I/We confirm that there is no other insurance policy in effect which would indemnify me/us for this Loss.

I/We agree that insurers may, at their option, make settlement of any claim, suit, or Action for Damages that may be made against me/us in respect of the above incident.

I/We give my/our consent for the processing of my personal and sensitive data to support this claim.

RESERVATION OF RIGHTS – I/We understand that whilst Insurers may continue to investigate, assess, and process this claim, this does not constitute an admission of liability, and they continue to reserve their rights under the policy.

INSURED'S SIGNATURE: _____ DATE: _____

INSURED'S NAME: _____