



ZURICH®

Claims Reporting Form - Liability

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

General Information		
Name of person reporting	Telephone number	For reporting only <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a report number given? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	What part of the body?		
What treatment was given? (Please check) <input type="checkbox"/> No medical treatment <input type="checkbox"/> Minor on site remedies <input type="checkbox"/> Minor clinic or hospital <input type="checkbox"/> Emergency evaluation <input type="checkbox"/> 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) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> 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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Zurich is committed to protecting the privacy and confidentiality of information provided. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9

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