

Notice to Insured Persons: Your insurance requires submission of valid Proof of Claim within a limited time frame as indicated in your Certificate. This document is an essential part of Proof of Claim. Failure to submit an accurate, legible, completed and signed Personal Liability Claim Form, together with all required attachments, within the specified time frame will result in processing delays and may result in denial of coverage for failure to submit Proof of Claim.

PART A: Insured Person Information

Full Name: (as it appears on ID card)	Date of Birth: (mm/dd/yyyy)	Gender: Male Female
ID Number: (found on ID card)	Passport/Visa Number:	
Is Insured a full time student/scholar? Yes No If yes, complete and submit the Student/Scholar Verification Form .		
Is Insured employed? Yes No If yes, provide name and address of employer: (Street, City, State/Province, ZIP/Postal Code, Country)		

PART B: Incident Information

1. What is the nature of the loss? Bodily Injury Property Damage Both		
2. When did incident occur? Date: (mm/dd/yyyy) Time:		
3. Location of incident: (Street, City, State/Province, ZIP/Postal Code, Country)		
4. Provide complete details of the incident. Attach additional sheets if necessary;		
5. Name of Injured Party:	Date of Birth: (mm/dd/yyyy)	Gender: Male Female
Injured Party Address: (Street, City, State/Province, ZIP/Postal Code, Country)		
Injured Party Email:	Injured Party Telephone:	

PART B: Incident Information – cont'd

6. Has the injured party retained legal counsel?

Yes No

If yes, provide contact information for the legal counsel:

7. What is the relationship of the Insured to the injured party?

8. Was a police report made, or was any other government entity notified of the incident?

Yes No

If yes, attach a copy.

PART C: To be completed for bodily injury losses.

All questions should be answered to the best of your knowledge. Attach additional sheets if necessary.

1. Provide complete details of the bodily injury to the best of your knowledge:

2. Was medical attention provided?

Yes No

If yes, provide the name and address of the medical facility or other medical provider:

PART D: To be completed for property damage losses.

All questions should be answered to the best of your knowledge. Attach additional sheets if necessary.

1. Describe the property that was damaged and the damage to the property:

2. Attach estimates for the cost of repairs or a letter from a reputable dealer confirming irreparably damaged.

3. Attach paid receipts for any repairs already paid by you.

PART E: Verification

I verify that all information contained in this form is true, correct and complete to the best of my knowledge.

Printed Name of Insured:

Date: (mm/dd/yyyy)

Signature of Insured: