FREISENBRUCH

General Claims Form

NAME ON POLICY: _____

POLICY NUMBER:_____

TYPE OF POLICY (HOME/MARINE/BUSINESS):_____

NAME OF PERSON REPORTING THE LOSS/DAMAGE:_____

ADDRESS ON POLICY:_____

PREFERRED TELEPHONE NO:_____

PREFERRED 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): **Y** ☐ **N** ☐

Investigating officer/badge no/station:_____

_____

Case #_____ Please attach any correspondence or accident report **Y** ☐ **N** ☐ Note if attached

75 FRONT STREET, HAMILTON HM 12 | P.O. BOX HM 836, HAMILTON HM CX, BERMUDA
PHONE: (441) 296-3600 | **FAX:** (441) 296-9251
claims@fmgroup.bm | **www.fmgroup.bm**

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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, along with any property damage they may have suffered:

_____

_____

_____

_____

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DECLARATION

I/we hereby declare that, to the best of my/our knowledge and belief, the forgoing statements and those on supplementary documents or pages, are fully and truly made and no material fact has been misrepresented, misstated or withheld. I agree to immediately declare any additional details or any subsequent change in circumstances that may affect the accuracy of the information provided.

I/we acknowledge and understand that any misrepresentation, fraudulent act or material misstatement made in support of my / our claim may lead to the claim being voided.

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 understand that acceptance of this form by Insurers does not indicate any agreement to pay any portion of any claim against my / our policy or any other policy.

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

By checking this box, I, the owner, confirm that I have read, understood and agree to the terms of this Declaration. ☐ (tick box)

ONLY USE IF SOMEONE AT FREISENBRUCH COMPLETED THIS FORM WITH YOUR HELP

Use these signature boxes below ONLY if someone at Freisenbruch completed this form on your behalf with your input only, otherwise please leave blank.

As this form was completed on my behalf by _____of Freisenbruch, I/We have read the completed document, and I/We confirm that I/We agree with the content.

By checking this box, I, the owner, confirm that I have read, understood and agree to the terms of this Declaration. ☐ (tick box)

INSURED'S NAME: _____

PLEASE PRINT

INSURED'S SIGNATURE:_____ **DATE:**_____

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