

# General Liability Claim Form



This form is for reporting incidents that involve **injury or property damage to someone else**. Promptly send this form with all relevant questions completed and any documentation relating to the circumstances of the incident.

**IMPORTANT:** If this incident involves **an employee, your property, or your automobile**, then do not use this form. Contact CFR for the appropriate Worker's Compensation, Property or Automobile Claim Form.

<b>Policy Holder</b>	<b>INSURED</b>					
	Policy Holder Name		Address		Policy #	
	<b>CONTACT</b>					
	Contact Name		Title	Phone		
			E-Mail	Fax		
<b>Occurrence</b>	Location (include city & state)					
	Description of Occurrence			Date		
				Time		
	Authority Contacted & Report # / Case #		Any Violations / Citations as a Result of the Accident (Describe)			
<b>Injured / Property Damage</b>	<b>INJURED / OWNER of DAMAGED PROPERTY</b>					
	Name		Address		Phone	
	Age	Gender		Occupation		
	Employer's Name & Address				Employer's Phone	
	Describe Injury		Fatality	Where Taken?	What was injured doing?	
	<b>PROPERTY DAMAGED</b>					
	Describe Property (Type, model, etc.)				Estimate Amount	
Where can Property be seen?			When can Property be seen?			
<b>Witnesses</b>	Name		Address		Work Phone	Home Phone

Use the buttons below to electronically submit this form to the SCS Claims department. You may also print and mail/fax this form and any attachments to

:

SCS Agency, Inc.  
 Attention Claims  
 11 Grace Avenue Suite 300  
 Great Neck, NY 11021  
 Fax: (516) 829-5857