

Policy # and Named Insured:	Date of Loss://	-	11me::_	AMI/PIVI			
Name of People Involved:	Policy # and Named Insured:						
Description of Incident: Action Taken: Authority Contacted: Injury Information – Type and Extent: Name of Injured Person: Address: City/State: Phone: () Address: City/State: Damage to Other's Property — Description of Property Damage: Name of Property Owner: Address: City/State: Phone: ()	Location of Incident:						
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Use this form to report incidents affecting members of the general public or others while on your property which you believe could reasonably result in a claim against you. Do not use for Auto Accidents or Workers Compensation claims.



Send completed reports to: NewClaims@crestins.com

By fax to: (520) 325-3757

By mail to:

Crest Insurance Group Claims Department 5285 E. Williams Circle, Suite 4500 **Tucson, AZ 85711**

Contact Information:

Tucson Location: (520) 881-5760 Toll Free: (888) 881-5765

info@crestins.com

SUGGESTIONS FOR REPORTING GENERAL LIABILITY CLAIM

- Were photographs taken? Please include originals (photocopies are seldom adequate)
- Was a police report/incident report created? Please include all copies.
- The more detail you can supply, the better.
 - o For example, when reporting a slip and fall incident Was the claimant wearing glasses? What type of shoes, kinds of soles? Does claimant have any handicaps or disabilities? Was he/she on medication? What kind of surface was claimant walking on? What was the lighting condition? Was surface wet of dry? Any debris present? Any defects? Surface irregularities?
- For stolen items, were they secured? What kind of lock? Who has the keys or access? Supply brand name, original cost, date of purchase?
- For damaged personal property, give brand names, original cost, date of purchase, where can it be seen?
- For broken furniture, was item removed from circulation? Was it stored for examination by investigator? Where stored? (Do not repair or discard broken items involved in a claim until told to do so by Adjuster)