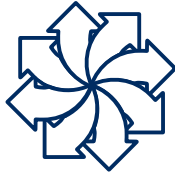


# CLAIMS NOTICE FORM

100 Oceangate,  
Suite 401  
Long Beach  
California 90802  
T 562.435.4267  
F 562.435.5639  
www.brysonfinancial.com



## BRYSON FINANCIAL

Employee Benefits Retirement Plans  
Property & Casualty Wealth Management

Insured Name \_\_\_\_\_

Contact Person for Claims Detail \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### **Property Loss**

Date of Loss \_\_\_\_\_

Location of Loss \_\_\_\_\_

Description of Loss & Damage (use separate sheet if necessary)

Probable Amount of Loss \$ \_\_\_\_\_

Police Report Filed  Yes  No Name of Dept. \_\_\_\_\_ Report# \_\_\_\_\_

### **Auto Loss**

Date of Accident \_\_\_\_\_

Location of Accident \_\_\_\_\_

Insured Vehicle Involved \_\_\_\_\_ Insured Driver Involved \_\_\_\_\_

Other vehicle/driver/insurance information

Description of Accident

Police Report Filed  Yes  No Name of Dept. \_\_\_\_\_ Report# \_\_\_\_\_

### **General Liability Claim Notice**

Date of Occurrence \_\_\_\_\_

Location of Occurrence \_\_\_\_\_

Third Party Information

Description of Accident

*\*please provide us with all information received from third party*