



## Notification of Loss

- General Liability     Product liability     Recall     Errors and omissions (E&O)     Other

### Information regarding the Policy/Policy holder

Policy No.

Policy holder

Contact person

Email

Telephone

Fax

Company registration No./Social security No.

Postal address (street, box)

Visiting address

Postal code and City

### Claimant

Name

Company registration No./Social security No.

Telephone

Contact person

Street and No.

City

Country

### Loss Description

Where did the loss occur?

City

Country

When did the loss occur

Year

month

day

When did you first receive a claim for monetary damages?

How did the Loss occur? (Describe the course of events)

