



**TOKIO MARINE  
HCC**

**TOKIO MARINE HCC-PUBLIC RISK GROUP**  
 24 Hour Telephone: 800-225-6561  
 FAX: 248-371-3091  
 E-Mail : publicriskclaims@ta hcc.com

NOTICE OF:  
 CLAIM (Submitted for consideration of payment)  
 INCIDENT (Record of purpose -may develop into claim)

INSURED NAME		INSURED ADDRESS		CITY		PHONE	
CONTACT PERSON	EMAIL		COUNTY	STATE	ZIP	DEPARTMENT	

**COVERAGE INFORMATION**

AGENT		POLICY TERM		POLICY NUMBER			
BODILY INJURY	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENTS	COMP/DED	COLLISION/DED	OTHER DED	
LOSS PAYEE (If none, so indicate) OTHER			COVERAGES (No Fault, Towing, UM, Liability, Property, Etc.)				

**LOSS INFORMATION – DESCRIBE HOW LOSS OCCURRED:**

REPORTED TO (Police or Fire Department)						REPORT #	
LOCATION OF INCIDENT			DATE OF CLAIM/INCIDENT		TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE INSURED NOTIFIED	

**INSURED VEHICLE- AUTO LOSS INFORMATION**

VEH NO	YEAR, MAKE, MODEL		V.I.N. (Vehicle Identification No.)		PLATE NO.		
OWNER'S NAME & ADDRESS					PHONE (A/C, No., Ext.)		
DRIVERS NAME			RESIDENCE PHONE (A/C, No., Ext.)		BUSINESS PHONE (A/C, No., Ext.)		
DESCRIBE DAMAGE			DATE OF BIRTH	DRIVERS LICENSE NUMBER		PURPOSE OF USE	
			ESTIMATE AMOUNT		WHERE CAN VEHILCE BE SEEN?		

**INSURED PROPERTY LOSS INFORMATION**

LOCATION OF LOSS				POLICE OR FIRE DEPT. TO WHICH REPORTED			
KIND OF LOSS (Fire, Wind, Explosion, Etc.)				PROBABLE AMOUNT ENTIRE LOSS			
DESCRIPTION OF LOSS & DAMAGE							

**PROPERTY OF OTHERS – LOSS INFORMATION**

DESCRIBE PROPERTY (If auto: Year, Make, Model, Plate No.)			OTHER VEH/PROP. INS? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME & POLICY NO.		
OWNER'S NAME & ADDRESS			BUSINESS PHONE (A/C, No.)		RESIDENCE PHONE (A/C, No.)		
DESCRIBE DAMAGE			ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?		
INJURED NAME & ADDRESS		PHONE (A/C, No.)	PED <input type="checkbox"/>	INS. VEH. <input type="checkbox"/>	OTHER VEH. <input type="checkbox"/>	AGE	EXTENT OF INJURY
WITNESS NAME & ADDRESS			BUSINESS PHONE (A/C, No., Ext.)		RESIDENCE PHONE (A/C, No.)		

REPORTED BY		SIGNATURE			DATE		
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FORWARD THIS REPORT TO TOKIO MARINE HCC-PUBLIC RISK GROUP, 1700 Opdyke Court, Auburn Hills, Michigan 48326. If a loss involves bodily injury or major property damage, please contact TOKIO MARINE HCC-PUBLIC RISK GROUP at 1-800-225-6561. We will take the loss information from you and investigate as necessary. The information we will need will closely follow this form so you may use it as a guideline. If you do not have complete information, do not delay in reporting. Details will be determined during the investigation. PLEASE REPORT DIRECTLY AND PROMPTLY.