



21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175  
Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: 631-665-8086  
info@invisionus.com • www.invisionus.com

## CLAIM / INCIDENT REPORT FORM

(Use this form to report a claim against your company or an employee arising out of the operation of your business.)

1. Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_
2. Address: \_\_\_\_\_  
NO. STREET CITY STATE ZIP
3. Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_
4. Policy No: \_\_\_\_\_
5. Date, time, place of incident: \_\_\_\_\_  
DATE TIME PLACE OF INCIDENT
6. Brief description of incident: \_\_\_\_\_  
\_\_\_\_\_
7. Did anyone prepare a report/statement concerning incident?  Yes  No *(If so, please attach copy)*
8. Name & address of any witness: \_\_\_\_\_  
\_\_\_\_\_
9. Date first learned of incident: \_\_\_\_\_ What source? \_\_\_\_\_
10. Name & address of claimant/injured party: \_\_\_\_\_  
\_\_\_\_\_
11. Did you receive correspondence from claimant or an attorney?  Yes  No *(If so, please attach copy)*
12. Did you receive legal suit papers?  Yes  No *(If so, when and how did they come to you?)* \_\_\_\_\_  
\_\_\_\_\_ *(Attach the originals to this form)*
13. Date of this report: \_\_\_\_\_ By: \_\_\_\_\_  
Print Name and Position: \_\_\_\_\_  
NAME POSITION

**INSTRUCTIONS: Please give this form to your insurance Broker immediately.** He or she must file the appropriate standard ACORD "Notice" form(s) with INVISION with the original copy of this **Claim/Incident Report Form.**

(copy this form for future claims)