



BRIAN THOMPSON INSURANCE CONSULTANTS

LIABILITY CLAIMS SHEET

Client:

Contact Details:

Email:

Incident Date and Time:

Location/Branch:

Circumstances:

Injury:

Emergency Services:

Damage Caused:

Photographs available?

Claimant Name:

Claimant Address:

Claimant DOB:

Claimant Contact Number:

Claimant Representatives/Insurer?

Client Insurer:

Claim Reference:

Email Address:

Other Notes:

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