



**LIBERTY
INSURANCE
ASSOCIATES**

Commercial Insurance · Bonding · Benefits · Personal Lines

525 Route 33 Millstone Township, NJ 08535
Phone: (732) 792-7000 – Fax: (732) 446-5300
www.LibertyInsurance.com

**Claim Reporting Worksheet
Tele-Reporting Claim Reporting Instructions
24 Hours a Day, Seven Days a Week**

**PLEASE IMMEDIATELY REPORT ALL PROPERTY, GENERAL
LIABILITY, AUTOMOBILE AND WORKERS' COMPENSATION
INCIDENTS AND CLAIMS DIRECTLY**

Reporting by phone: Please have your policy number and name of insured/policyholder as named on your insurance policy.

In addition, depending on the type of claim being reported, please have the following information available:

- Full name, age, date of birth, social security number of the injured worker, date of employment, hours of employment, wages and the date, time and location of injury
- Home address and phone number of injured worker
- Year, Make, Model and Vehicle Identification Number (VIN) of the damaged Vehicle
- Location of property damage or accident

**PLEASE REPORT ALL CLAIMS OR INJURIES
IMMEDIATELY UPON OCCURRENCE**