

PROPERTY/LIABILITY CLAIM

The below documents which have been marked will be enclosed with the claim form.

- Police Report/Results
- Photographs of Damage
- Quotation(s) for repair/Replacement
- Invoices/Purchase receipts of items
- Letters, writ or summons from Third Party

Please arrange to submit the necessary documents listed above. We also wish to inform you that all documents must be submitted with the claim form to enable your claim to be processed within 7 working days. Please note that the list of documents is not exhaustive. Other documents may be requested if necessary.

MAIL TO:
 Administrative Concepts, Inc.
 994 Old Eagle School Road
 Suite 1005
 Wayne, PA 19087-1802
 www.visit-aci.com

ACE American Insurance Company
Property/Liability Claim Form
 (No Liability is admitted by the society by the issue of this form)
COMPLETE IN DETAIL TO ENSURE PROMPT HANDLING

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person submits an insurance application or statement of claim containing any materially false, incomplete or misleading information may be committing a crime and may be subject to civil or criminal penalties.

Policy Number:	
Claim Number:	

Insured Information

Name of Insured:					NRIC #					
Last Name		First Name		M.I.						
Home Address										
# and Street				City/Town			State		Zip Code	
Home Telephone ()			Business Telephone ()			Fax ()				
Email Address:										
Business/ Occupation:						GST Registered: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Policy Type: (Please select one)										
<input type="checkbox"/> Home Insurance	<input type="checkbox"/> Golfers Insurance	<input type="checkbox"/> Pet Insurance	<input type="checkbox"/> Fire Insurance	<input type="checkbox"/> Business	<input type="checkbox"/> Bailee's Liability					
<input type="checkbox"/> Plate Glass	<input type="checkbox"/> Fidelity Guarantee	<input type="checkbox"/> Money	<input type="checkbox"/> Theft	<input type="checkbox"/> Public Liability	<input type="checkbox"/> Error & Omission					
<input type="checkbox"/> Other: _____										

Details of Occurrence

Date of Accident:			Time:			Place:				
Description of incident:										
Person(s) responsible for loss/damage/injury:										
Has a claim been submitted upon the person(s) responsible for the loss/damage/injury?						Yes <input type="checkbox"/> No <input type="checkbox"/>				
To whom was loss/damage/theft reported (please provide copy of report)						Date loss/damage/theft reported:				
How was entry into the premises gained? Were there any signs of forcible and violent entry?										
Was the premises occupied at the time of the occurrence?						Yes <input type="checkbox"/> No <input type="checkbox"/>				
If NO, when was the premises last occupied:										
Please provide details of any eyewitness(es).										
Does anyone other than yourself have any interest in the property concerned?						Yes <input type="checkbox"/> No <input type="checkbox"/>				
If YES, state the nature of their interest:										
Is any property lost/damaged/stolen insured by any other insurance company?										
If YES, please supply name, address, telephone number and policy number:										
Current total value of all property insured under this policy:										

Liability Claim

(Complete this section ONLY if a claim is made against you)

Date you were first notified of incident:										
Is loss/damage/injury attributed to defects in your premises, equipment, or plant?						Yes <input type="checkbox"/> No <input type="checkbox"/>				
If YES, please provide details:										
Were any persons injured?						Yes <input type="checkbox"/> No <input type="checkbox"/>				
If YES, please provide details of injured party and nature of injury:										
Has any intimation fo claim been made against you?						Yes <input type="checkbox"/> No <input type="checkbox"/>				
If YES, by whom:										

NOTE: No Payment, offer, or promise of any payment of admission of any liability should be made. All letters from third parties should be forwarded to us immediately upon receipt.

The laws of some states require us to furnish you with the following notices:

WARNING. Any person who knowingly:

Alaska: and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona and Arkansas: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR: presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California, Louisiana, New Mexico and Texas: presents a false or fraudulent claim for the payment of a loss or benefit (or specific to LA and TX: who knowingly presents false information on an application for insurance) is guilty of a crime and may be subject to fines and confinement in state prison, (or specific to NM: to civil fines and criminal penalties.)

Delaware: and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Florida: and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky, New York and Pennsylvania: and with intent to defraud any insurance company or other person files an application for insurance, or files a statement of claim, containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, specific to PA: subjects such person to criminal and civil penalties and specific to NY: shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

New Jersey: files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

WARNING:

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia, Tennessee and Virginia: It Is a crime to knowingly provide false, incomplete or misleading information to an insurer or insurance company for the purpose of defrauding the insurer or insurance company, (or specific to DC: any other person.) Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.