

## Report a Claim

Tell us what happened and we'll immediately get to work on your claim.



**(888) 431-0876** *available 24/7*



**VCSclaims@tristargroup.net**



**(562) 506-0392** *fax*

Please complete the report of incident form for prompt handling of your claim.

Send by email or fax.

# Report of Incident form

Please complete this form in detail to assure prompt handling of your claim.



## Policyholder Information

Policy #:  Policyholder Name:   
Address:  Phone:   
Name of Person Reporting:  Title:

## General Information

Date of Loss/Accident:   Report Type:  Claim  Report Only

Coverage Type:

General Liability - Bodily Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Product Liability - Bodily Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
General Liability - Property Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Product Liability - Property Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Claimant Personal Information

Claimant Type:  Person  Entity

Claimant Name:  Phone:   
Physical Address:

## Incident Information

Accident State:  State of Jurisdiction:

Accident Description:

Date Reported:  

Reported By (*print Name and Phone #*):  
X

Reported By (*sign & date*):  
X

Report claim to:  
TRISTAR Insurance Group  
Fax: (562) 506-0392  
Email: [VCSclaims@tristargroup.net](mailto:VCSclaims@tristargroup.net)  
Phone: (888) 431-0876