

Liability Incident Report Form

Time is of the essence. Do not delay reporting the claim because you do not have all the information regarding the accident. Any additional information can be provided at a later date. Use multiple sheets for more than one Claimant.

Accident Information - General Liability

Named Insured:	
Date of the incident:	Incident time:
Incident location:	City and County:
Description of the incident:	
Police authorities contacted:	If yes, Accident Report Number:

Claimant Information

Name & address of the Claimant:	Home Telephone No. Work Telephone No.
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Injury Information

Brief description of the claimant's injury:	
Fatality:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What initial treatment was given?	By whom?
Was hospital treatment needed?	Which hospital?

Witness Information

Were there any witnesses?	If so, their name, address & phone no:
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Property Damage to Others Information

Claimant's property involved:	Where is the property located now?
Damage to Claimant's property:	Repair estimate:

Additional Comments:

Your Name: _____ Phone Number: _____