

# GENERAL LIABILITY INCIDENT REPORTING FORM



Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_

## After the incident...

1. If necessary, call 911.
2. Take scene photos: location, walking surfaces, property damage, etc.
3. If available, preserve any video/security footage.
4. Do not admit fault or responsibility for injury, medical bills, property damage, etc.
5. Time is of the essence. Report the incident to your manager and/or insurance company immediately.

**Please use a new form for each claimant. In this document, "claimant" means injured person, a person who may have been injured, or a person whose property was or may have been damaged.**

Insured contact (Name, Phone, Email):

Incident date and time (am/pm):

Claimant name:

Claimant address:

Claimant phone & email:

Incident location:

Injured? Y    N    Nature of injury:

Scene incident photos? Y    N

Description of incident:

Medical treatment? Y    N    If yes, where?

Was ambulance called? Y    N    If yes, what is the name of the ambulance company?

Witness name & phone:

Additional remarks (include any additional witnesses, description of any damaged property, etc):

Report prepared by:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_