

General Liability Claim Reporting Form

Report Date: _____ Report filed by: _____

Nature of Claim: Slip & Fall, Property Damage, Other: _____

Location Address and Time of Accident: _____

Exact Location on site: Entranceway, On Sidewalk, In Parking lot, please specify exactly: _____

Describe how accident happened: _____

Specify Body Part and Condition: _____

Named of Injured Party: _____

Address: _____

Home/Business Phone Number: _____

Date of Birth: _____

Sex: _____ Occupation: _____

Action Taken: First Aid/Removed by Ambulance/Fatality _____

Name and Address, Contact Phone No. of Any Witness: _____
