

## GENERAL LIABILITY - INCIDENT REPORT

**Check one:**

**PERSONAL/HOMEOWNER'S CLAIM**   

**COMMERCIAL CLAIM**   

**Check one:**

**BODILY INJURY CLAIM**   

**PROPERTY DAMAGE CLAIM**   

**Today's Date:**

**Name, Address And Phone Number Of Policyholder:**

**Policy #:**

**Date Of Loss:**

**Time Of Loss:**

**Describe What Happened:**

**Who Was The Injured Party (Check One)**

**Visitor**   

**Customer**   

**Tenant**   

**Other: (Explain)** \_\_\_\_\_

**Name, Address And Phone Number Of Injured Party:**

**If Bodily Injury Describe The Nature Of The Injury:**

**Was Medical Treatment Received? By Whom?**

**If Property Damage - Describe The Property Damaged:**

**PRODUCT INFORMATION (IF PRODUCT LIABILITY)**

**Product Name:**

**Specific Part Of Product Causing Damage Or Injury:**

**Supplier Information:**

**Product Number:**

**Product Code:**

**Date Of Purchase:**

**Who Has Possession Of Product?**

**Witness Information:**

**Additional Info Or Comments:**

**Name and phone # of person reporting claim:**

**Who should we contact regarding this claim?**

**Name:**

**Phone #:**