TONRY
INSURANCE GROUP

GENERAL LIABILITY CLAIM REPORTING FORM

Date of Loss _____Time _____ Location _____

Names of All Parties Involved _____

Who was Notified? Police? ____ Agency? _____ Others? _____

Description of Incident and Action Taken:

_____

_____

(Attach additional information, official reports & photos [see next page])

Injury Information:

Type and extent of injury known: _____

Name of injured Party: _____Phone _____

Address: _____City/State _____

Name/Address of Attorney: _____

Damage to Others' Property:

Description of Property & Damage (Age/Make/Model/Cost of Repairs) _____

_____

(Attach additional Information if available)

Name of Owner: _____Phone _____

Address: _____City/State _____

Witnesses:

Name: _____Phone _____

Address: _____City/State _____

Name: _____Phone _____

Address: _____City/State _____

Reported by: _____Date: _____

Contact Person: _____Phone _____

SUGGESTIONS FOR REPORTING GENERAL LIABILITY CLAIM

Were photographs taken? Please include originals (photocopies are seldom adequate).

Was a police report / incident report created? Please include copy(ies).

The more detail you can supply, the better.

For example, when reporting **slip/trip and fall incidents**:
Was the claimant wearing glasses? What type of shoes? What kind of soles? Does claimant have any handicaps/disabilities? Was he/she on any medications? What kind of surface was claimant walking on? What was the lighting condition? Was surface wet or dry? Any debris present? Any defects? Surface irregularities?

For **stolen items**,
Were they secure? What kind of lock? Who has keys or access? Supply brand name, original cost, date of purchase.

For **damaged personal property**,
Give brand name, original cost, date of purchase, where can item be seen?

For **broken furniture etc**,
Was broken item removed from circulation? Was it stored for examination by investigator? Where stored? (*Do not repair or discard broken items involved in a claim until told to do so by ORM)*