

GENERAL LIABILITY CLAIM REPORTING FORM

Date of Loss	Time	Location	
Names of All Parties	Involved		
Who was Notified?	Police? Agency?	Others?	
Description of Incid	ent and Action Taker	ı:	
(Attach additional info	ormation, official report	s & photos [see next page])	
Injury Information:			
Type and extent of in	jury known:		
Name of injured Party	y:	Phone	
Address:		City/State	
Name/Address of Atte	orney:		
Damage to Others'	Property:		
Description of Proper	ty & Damage (Age/Ma	ke/Model/Cost of Repairs)	
(Attach additional Info	ormation 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)