

**General Liability Incident Report Form**

**\*\*\* Do not use this form for Auto Liability Claims \*\*\***

Time is of the essence. Do not delay reporting the claim because you do not have all the information regarding the accident. Any additional information can be provided at a later date. Use multiple sheets for more than one Claimant. Forward to PeopleFirst Property & Casualty Services within 24 hours of incident.

**Accident Information - General Liability**

Named Insured/Person and/or Business Making Report:	
Date of the incident:	Incident time:
Incident location:	City and County:
Description of the incident:	
Police authorities contacted:	If yes, Accident Report Number:

**Claimant Information**

Name & address of the Claimant:	Home Telephone No. Work Telephone No.
Injured party date of birth:	Social Security No.

**Injury Information**

<b>Fatality:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Brief description of the claimant's injury:	
What initial treatment was given? <input type="checkbox"/> Yes <input type="checkbox"/> No	By whom?
Was hospital treatment needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which hospital?

**Witness Information**

Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, their name, address & phone no:
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**Property Damage to Others Information**

Claimant's property involved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Where is the property located now?
Damage to Claimant's property: <input type="checkbox"/> Yes <input type="checkbox"/> No	Repair estimate:
Comments:	

**Your Name:** \_\_\_\_\_ **Phone Number / Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_