



General Liability Claim Report

Insured Information

Insured: _____
Address: (Incl. City State Zip) _____
Contact name: _____
Business Phone: _____
Email: _____

Occurrence

Reported by: _____
Date/Time of Occurrence: _____
Previously Reported: _____
Location of Occurrence: _____
Describe Incident: _____

Injured Person/ Property Damage

Injured Person's Name: _____
Address: (Incl. City, State Zip) _____
Phone: _____
Age: _____
Sex: _____
Occupation: _____
Employer's Name: _____
Address: (Incl. City, State Zip) _____
Phone: _____
Describe injury: _____
Where Taken: _____
What was injured doing: _____

Damaged Property: _____
Where can it be seen: _____

Witness:

Name: _____
Address: (Incl. City, State Zip) _____
Phone: _____

Comment:

