

## General Liability Incident Report Form

Name Insured: \_\_\_\_\_

Address of Insured: \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Claimant**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Date Reported: \_\_\_\_\_

### **Witness**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Medical Treatment Necessary?: \_\_\_\_\_

If so, where was injured party taken?: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there was damage to property, describe property:

\_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Phone No.: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Report Completed By: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email your completed report to: [contactus@seibertkeck.com](mailto:contactus@seibertkeck.com).