



Claim Liability Reporting Form for Property, Auto, and General Liability

Please complete this form and hit the "submit" button at the end to send your information.

General Information

Insured's Name:

Your Name:

Date of Incident:

Time (AM/PM):

Specific Location and Address of Incident:

Contact Person Name and Phone:

Description of Incident:

Did you inspect the incident scene? Time (AM/PM):

Who is responsible for maintaining the incident area?

Does incident area receive scheduled maintenance or cleaning?

When did this last occur?



Describe Vehicle Maintenance:

Additional Comments:

Insured Vehicle year, make, and model:

Other vehicle year, make, model:

Owner of other vehicle:

Name of Injured Party:

Age:

Home Address:

Home Phone:

Work Phone:

Nature of Injury -
Please be specific:

Medical Treatment

If Given, Where and by whom?

How did the injured persons leave the premises?

Where did they go?

Did the injured person have any characteristics that may have contributed to the loss (ex: physical disability, glasses)?

What did the injured person say caused the accident?



Did you witness the accident?

If no, Who informed you?

Who witnessed the accident?

Name:

Phone:

Name:

Phone:

Signature of person completing report

Date of report:

You can complete and submit the following forms online OR print and fax them back to us at (301) 670-7390.