General Liability Claim Report

Insured Name: _____

Insured Policy#: _____

Contact Name: _____

Contact Phone#: _____

Contact Email: _____

Date of Incident: _____

Time of Incident: _____

Address of Incident: _____

Description of Incident and how it occurred:

_____

Bodily Injury Involved: ☐ Yes ☐No

If Yes, types of injuries incurred:

_____

Property Damage Involved: ☐ Yes ☐No

If Yes, describe damage:

_____

Estimated amount of property damage: _____

Third Party Name: _____

Third Party Address: _____

Third Contact Phone#: _____