

Incident Report Form

Third Party General Liability Claim

1. INCIDENT DETAILS

Date of Incident

Time of Incident

Location of Incident

Enter address or description

Describe the Incident

Provide a detailed description

2. CLAIMANT INFORMATION

Name

Contact Number

Address

3. INJURY / DAMAGE DETAILS

Describe Any Injury or Property Damage

Provide details of the injury/damage

Was Medical Attention Sought?

Select

If Yes, Provide Details

Hospital, doctor, treatment received

4. WITNESS INFORMATION

Witness Name

Witness Contact Information

Witness Statement

5. ADDITIONAL INFORMATION

Are photos, diagrams, or documents attached?

List or describe any attachments

Additional Notes / Comments