**GENERAL LIABILITY INCIDENT REPORT**

Named Insured: Click or tap here to enter text.

Address of Insured: Click or tap here to enter text.

Mobile Phone No.: Click or tap here to enter text. Work Phone No.: Click or tap here to enter text.

Home Phone No.: Click or tap here to enter text.

Email: Click or tap here to enter text.

Policy No.: Click or tap here to enter text.

Insurance Company: Click or tap here to enter text.

Date of Incident: Click or tap here to enter text. Time: Click or tap here to enter text.

Phone No.: Click or tap here to enter text. Location of Incident: Click or tap here to enter text.

Description of Incident: Click or tap here to enter text.

**Claimant Name:**

Address: Click or tap here to enter text.

Mobile Phone No.: Click or tap here to enter text. Work Phone No.: Click or tap here to enter text.

Home Phone.: Click or tap here to enter text.

Date Reported: Click or tap here to enter text.

**Witness** **Name:**

Address: Click or tap here to enter text.

Mobile Phone No.: Click or tap here to enter text. Work Phone No.: Click or tap here to enter text.

Home Phone.: Click or tap here to enter text.

Medical Treatment Necessary?: Click or tap here to enter text.

If so, where was injured party taken?: Click or tap here to enter text.

Describe Injury:

If there was damage to property, describe property: Click or tap here to enter text.

Property Owner’s Name: Click or tap here to enter text.

Property Owner’s Phone No.: Click or tap here to enter text.

Additional Comments: Click or tap here to enter text.

Report Completed By: Click or tap here to enter text.

Phone No.: Click or tap here to enter text.

Submit completed report to our Claims Page: [**www.ip-sk.com/claims**](file:///%5C%5Cipa-fs-p001%5CUserFolders%5Clschrock%5CDesktop%5Cwww.ip-sk.com%5Cclaims)