

GENERAL LIABILITY CLAIM REPORT FORM

Date of Incident: _____ Time of Incident: _____ a.m./p.m.
Location: _____
Description of Incident: _____

INJURED PARTY:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Guest: Yes No
Describe Injury: _____

Medical Attention: Yes No Where: _____

PROPERTY OWNER (INSURED):

Name: _____ Telephone: _____

Police/Fire Dept.Contact: _____

WITNESS:

Name: _____ Telephone: _____
Name: _____ Telephone: _____

CLAIM REPORT COMPLETED BY: _____

FAX IMMEDIATELY TO:

Lumbermens Insurance - 541-385-3231