

Immediately after an accident fill out this form and send to:



GALLAGHER BASSETT SERVICES, INC.

ACCIDENT REPORT – GENERAL LIABILITY

(DO NOT USE FOR AUTO)

LOCATION CODE:

THIS ACCIDENT RESULTED IN:

- BODILY INJURY
- PROPERTY DAMAGE ONLY

CLIENT:							
NAME					PHONE		
ADDRESS							
CITY					STATE	ZIP	
ACCIDENT							
DATE OF LOSS	TIME OF LOSS	LOCATION OF LOSS			CITY	STATE	ZIP
OFFICIALS CALLED TO THE SCENE <input type="checkbox"/> POLICE <input type="checkbox"/> FIRE DEPT. <input type="checkbox"/> AMBULANCE				IF SO, IDENTIFY			
CLAIMANT (PROPERTY DAMAGE)							
NAME	ADDRESS	CITY		STATE	ZIP	PHONE	
DESCRIBE DAMAGED PROPERTY	ADDRESS	CITY		STATE	ZIP	EXTENT OF DAMAGE	
CLAIMANT (BODILY INJURY)							
NAME	AGE	ADDRESS	CITY		STATE	ZIP	PHONE
OCCUPATION	DESCRIBE EXTENT OF INJURY						
DESCRIPTION OF LOSS							
WITNESS							
NAME	ADDRESS	CITY		STATE	ZIP	PHONE	
NAME	ADDRESS	CITY		STATE	ZIP	PHONE	
IMPORTANT: HAS THIS ACCIDENT BEEN REPORTED TO OUR LOCAL ADJUSTER? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF REPORTED, NAME OF FIRM _____ ADDRESS _____ DATE ASSIGNED _____							
DATE OF THIS REPORT	SIGNATURE AND TITLE						