

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

<b>CLIENT:</b>							
NAME					PHONE		
ADDRESS							
CITY					STATE	ZIP	
<b>ACCIDENT</b>							
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			
<b>CLAIMANT (PROPERTY DAMAGE)</b>							
NAME	ADDRESS	CITY		STATE	ZIP	PHONE	
DESCRIBE DAMAGED PROPERTY	ADDRESS	CITY		STATE	ZIP	EXTENT OF DAMAGE	
<b>CLAIMANT (BODILY INJURY)</b>							
NAME	AGE	ADDRESS	CITY		STATE	ZIP	PHONE
OCCUPATION	DESCRIBE EXTENT OF INJURY						
<b>DESCRIPTION OF LOSS</b>							
<b>WITNESS</b>							
NAME	ADDRESS	CITY		STATE	ZIP	PHONE	
NAME	ADDRESS	CITY		STATE	ZIP	PHONE	
<b>IMPORTANT:</b> 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						