# LOGO_RSL-LA

# General Liability Claims Reporting Guide

### Other Property

Name of insured

Insert name here

Name of person reporting Telephone number For report only

Yes  No

Insert number here

### Accident Information

Date of accident Address where incident occurred

Insert date here

Insert address here

City State Zip code

Enter City

Enter zip code

Insert state

Please give a description of the incident

Were authorities contacted? (police, fire, ambulance) If yes, who

Yes No

Enter text

Was a report number given? If yes, list number

Yes No

Insert number here

### Claimant Information

Name of injured party Is the injured party

Male  Female

Address where incident occurred Date of birth

Insert address here

Insert date here

City State Zip code

Enter City

Enter zip code

Insert state

Home telephone number Work telephone number Contact at

Insert number here

Insert number here

Home  Work

### Injury information

Were any injuries incurred? What part of the body?

Yes  No

Give a description of the injuries

What treatment was given? (please check)

No medical treatment  Minor on-site remedies  Emergency evaluation

Hospitalization for more than 24 hours

Name of the treating physician

Address of the treating physician Telephone number of the treating physician

Insert address here

Insert number here

City State Zip code

Enter City

Enter zip code

Insert state

Name of the treating hospital/clinic Telephone number

Insert number here

City State Zip code

Enter City

Enter zip code

Insert state

### Witness information

Name of witness to the incident Telephone number to contact witness

Insert number here

Insert name here

Address of the witness

Insert address here

City State Zip Code

Enter City

Insert state

Enter zip code

Any other information you would like to report:

##### **Please return to: Risk Services, The Leavitt Group Attn: Claims Department**

##### **By email:** rslclaims@leavitt.com **or via fax: 866-238-8294**