



General Liability Loss Report

Type of Claim: GL PD

ACCIDENT

Location Reporting Claim: _____

If product complaint, which plant? _____ Time: _____ AM PM

Address of Accident: _____ Date: _____

Bodily Injury: _____

Property Damage: _____ Other: _____

Description of Incident: _____

Product Container and/or object inspected? Y N Was the container and/or object retained? Y N

If so, please explain in detail: _____

INJURED PERSON(S)

Name: _____ Age: _____ Phone #: _____

Address: _____ City: _____ State/Zip: _____

Any medical treatment? Y N If yes, where? _____

Address: _____ Phone #: _____

Nature & Extent of Injury: _____

Name: _____ Age: _____ Phone #: _____

Address: _____ City: _____ State/Zip: _____

Any medical treatment? Y N If yes, where? _____

Address: _____ Phone #: _____

Nature & Extent of Injury: _____

PROPERTY DAMAGE

Owner: _____ Phone #: _____

Address: _____

Description of Property: _____

Describe Damage: _____

When & where can property be inspected: _____

WITNESSES

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

PRODUCT INFORMATION

Store Name: _____ Address: _____

Product & Brand Name: _____ Phone #: _____

Size: _____ Code Date: _____ Plant Code: _____

Problem: _____

Date of Report

Signature of person filing report

Phone #: