

General Liability & Property Claim Checklist

This form helps document the necessary facts if a visitor is injured on the entity's premises or when property damage occurs.

Report all accidents to your claim handler:

_____, at _____

The Intact Insurance Claims Service Center is open for claim intake 24/7. For more efficient service, please have the information on this checklist available for your Intact claim representative.

To report a claim, call 877.284.5602.

In case of an accident, follow these steps:

1. Help the injured party. Get medical help if necessary. describing how the accident occurred.
2. Identify yourself to the parties involved. Give your name, address, and telephone number.
3. Be courteous but MAKE NO STATEMENTS OR COMMENTS about liability. It doesn't hurt to show concern.
4. Obtain information to complete this form. Have the injured party complete a written statement
5. Obtain all witnesses' information. Have witness complete statement describing what they saw.
6. Take photos of the incident scene immediately and retain. Advise Intact claim adjuster about the photos at first contact.
7. Report incident as quickly as possible to your insurance agent or directly to Intact at 877.284.3455.

Any person who conceals information, provides misleading information or makes a materially false statement with the intent to defraud an insurance company commits a crime and is subject to civil and criminal penalties per state law.

Incident Information

Date Occurred: _____ Time: _____ Form Completed By: _____ Date Completed: _____

Incident Address: _____
Street City/State Zip

Description of Incident:

Photo of incident scene? Y N

Photo included with report? Y N

Injured Person

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Injuries:

Witnesses

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Description of Incident (by Witnesses)

Description of Incident (by Injured)

Ambulance called? Y N

Ambulance refused? Y N

If Yes, reason given:

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Slip, Trip, and Falls:

Ask the injured party to show you the location of the accident and identify the contributing factors to the fall.

Fall Occurring Inside the Building

Stairs Walking Area

Other: _____

Fall specifics:

Injuries

Describe:

Contributing Factors (check all that apply)

Foreign objects: Food Liquid Object

Other: _____

How object got on floor/stairs:

Floor surface or floor covering: Good Worn

Other

Lighting: Well-lit Dim Unlit

Safety Factors

Sweep/Inspection/Maintenance schedule exists: Y N

Warning signs were in use at the time: Y N

Personal Property Damage

Glasses Cell phone Watch

Other: _____

Describe how the property was damaged:

Fall Occurring Outside the Building

Parking Lot Sidewalk Steps

Lawn Landscape

Fall specifics:

Additional Details:

Contributing Factors (check all that apply)

Weather: Clear Cloudy Rain

Snow Foggy

Time: Day Dusk Evening

Lighting: n/a Day Dim None

Parking Lot: Holes Flat Cracks Curb lip

Sidewalk: Level Change in elevation >1/2"

Lawn: Hole Level Wet Dry

Landscape: Uneven Level Wet Dry

Observations:

Safety Factors

Party responsible for cleaning and maintaining where fall occurred:

Sweep/Inspection/Maintenance schedule exists: Y N

Warning signs were in use at the time: Y N

Other: _____