

Liability Accident Notice

Property Name _____ Tenant _____ Address _____

Date and Time of Accident _____

Location of Accident _____

Details of Accident _____

If Bodily Injury:

Name of Injured Person _____

Address _____ Phone _____

Type of Injury _____

If Property Damage:

Owner of Damaged Property _____

Tenant _____

Address _____ Phone _____

Description of Property Damaged _____

Witnesses, If Any:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Date of Report _____

Signature of Person Completing Report

Notes:

Insurance Company _____

Policy No. _____

Policy Dates: From _____ To _____

Coverage _____

