

Liability Accident Notice

Building: _____ Tenant: _____ Unit No.: _____

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: _____

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