



General Liability Notice of Occurrence / Claim

CLAIMS FAX: 559-241-8914
CLAIMS EMAIL: claims@jgparker.com



CLAIM WATCH
Claim Review & Monitoring

Today's Date/Time _____	Reported by _____
Insured's Name _____	Phone Number _____
DBA Name _____	Fax Number _____
Policy Number _____	Email Address _____

OCURRENCE DETAILS

Date of Occurrence _____	Time of Incident _____	AM _____	PM _____
Location of Incident _____			
City & State _____			
Emergency Services Required _____	Police Dept. _____	Fire Dept. _____	Ambulance _____
Police Report Number _____	Ambulance Company Name _____		
<i>Description of Occurrence</i> 			

TYPE OF LIABILITY CLAIM

Bodily Injury	Yes	No	Property Damage	Yes	No
Type of Property	_____				
Premises: Insured is	Owner	Tenant			
Type of Premises	_____				
Products: Insured is	Manufacturer	Vendor			
Type of Product	_____				
Manufacturer's Name	_____				

INJURED PARTY INFORMATION

Name of Injured Party _____	Phone Number _____
Address _____	City _____ State _____ Zip _____
Age _____ Sex _____	Occupation _____
Activity of Injured Party (at time of loss): 	
Describe Injury Sustained: 	
Medical Treatment Provided By _____	



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OTHER INFORMATION

Did you inspect the area?	Yes	No	<i>If yes, explain</i>
Did you take photos?	_____ Yes _____	No	Was an ambulance called? _____ Yes _____ No
If ambulance called, provide name of ambulance company _____			

WITNESS INFORMATION

Name of Witness	_____		
Address	_____		
City, State, Zip	_____		
Phone Number	_____	Email Address	_____
Name of Witness	_____		
Address	_____		
City, State, Zip	_____		
Phone Number	_____	Email Address	_____
Name of Witness	_____		
Address	_____		
City, State, Zip	_____		
Phone Number	_____	Email Address	_____

ADDITIONAL COMMENTS OR INSTRUCTIONS

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.