

LOSS CONTROL DATA GUIDE

Liability Accident Report

Date report is completed: ___ / ___ / ___

First provide aid and comfort to patron and call for emergency medical assistance if needed. Often in these situations showing that you care and are concerned with their welfare the incident goes no further.

Retain this form for future reference following all reported or observed customer incidents/accidents. It is important to complete the form with as much information as possible.

Note: Items marked with * will be needed if this accident is reported to your insurance company.

*Street address, city, state, zip of the accident:

*Date and time of accident: ___/___/___, AM/PM

*Date and time accident reported to store:

___/___/___, AM/PM

Date and time accident reported to insurance
company: ___/___/___, AM/PM

*Claimant's Name: _____

*Claimant's address, city, state, zip and phone number:

*Claimant's age and gender: _____

*Claimant's employer, address, city, state, zip:

*If claimant was injured, what was he/she doing at
the time of loss? _____

*Description of loss: _____

*Describe injuries to claimant, if any.

*Describe damage to claimant's property, if any.

*If claimant's property was damaged, where can the
property be examined and estimated value of
damaged property be determined?

LOSS CONTROL DATA GUIDE continued



*Type of product involved, if any, and where manufactured? _____

*Witnesses; name, address, city, state, zip, phone, if any: _____

EMT service called? No Yes

Other medical services offered/provided?
 No Yes

If yes, explain: _____

Weather conditions:
 Dry Rain Freezing rain/sleet
 Snow Ice

Temperature: Degrees Fahrenheit _____

Weather:
 Sunny Partly Sunny Overcast
 Dusk Night Dawn

Location of accident/incident:
 Inside store

Describe area: _____

Outside store, sidewalk
 Describe condition: _____

Outside store, parking lot
 Describe condition: _____

Previous accident/incident at this location?
 No Yes

If yes, explain: _____

Photos taken of the area? No Yes
 If yes, include with Liability Accident Report.

Other pertinent information? _____

Corrective action taken to prevent a similar
 accident/incident? _____

The loss prevention information and advice presented in this brochure are intended only to advise our insureds and their managers of a variety of methods and strategies based on generally accepted safe practices, for controlling potentially loss producing situations commonly occurring in business premises and/or operations. They are not intended to warrant that all potential hazards or conditions have been evaluated or can be controlled. They are not intended as an offer to write insurance coverage for such conditions or exposures, or to imply that Great American Insurance Company will write such coverage. The liability of Great American Insurance Company is limited to the specific terms, limits and conditions of the insurance policies issued.