

GEORGIA INSTITUTE OF TECHNOLOGY

General Liability Incident Report Form

If a non-GT employee is injured or property of others is damaged (or alleged) as a result of Georgia Tech's operations, whether negligent or not, report the incident directly to GT Insurance & Claims Management. Please keep your answers brief and to the point.

Email: gtinsurance.ask@business.gatech.edu

Phone: 404-894-3483 or 404-894-8296

***** Do not use this form for Auto Liability Claims. *****

Time is of the essence. Do not delay reporting the claim because you do not have all of the information regarding the accident. Any additional information can be provided at a later date. Use multiple sheets for more than one Claimant.

Accident Information – General Liability	
Date of the Incident:	Incident Time:
Incident Location:	City & County:
Description of the Incident:	
Police Authorities contacted:	If yes, Accident Report Number:

Claimant Information	
Name & address of the Claimant:	Home phone number:
	Work phone number:
Injured party Date of Birth:	Cell phone number:

Injury Information	
Brief description of the claimant's injury:	
Fatality? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What initial treatment was given? By whom?	
Was hospital treatment needed? Which hospital?	

Witness Information	
Were there any witnesses?	If so, their name, address, and phone number:

Property Damage to Others Information	
Claimant's property involved:	Where is the property now?
Damage to Claimant's property:	Repair estimate:

Comments

Your Name: _____ Phone Number: _____