SET SEG

School Insurance Specialists

GENERAL LIABILITY INCIDENT/ACCIDENT REPORT

Member Name: _____ Policy #: _____

Date of Incident/Accident: _____ Time: _____ ☐ a.m. ☐ p.m.

Name of Injured: _____ Social Security Number: _____

Is Injured: Student ☐ Employee ☐ Visitor ☐ Volunteer ☐

Date of Birth: _____ Parent Name: _____

Address of Injured/Parent: _____

Telephone # of Injured/Parent:
Home: _____ Work: _____

Location of Accident: School Bldg. ☐ School Grounds ☐ School Bus ☐ To/From School ☐
Other ☐ Describe: _____

Place of Accident: Classroom ☐ Gym ☐ Shop ☐ Hallway/Stairway ☐
Playground ☐ Parking Lot ☐ Sporting Event/Practice ☐
Other ☐ Describe: _____

Describe Incident/Accident: _____

Witnesses: Name: _____ Telephone #: _____

Nature of Injury: _____

Was Medical Treatment Sought? Yes ☐ No ☐ Where? _____

If Hospital, Was Ambulance Called? Yes ☐ No ☐ Ambulance Company _____

Additional Remarks: _____

Report Prepared By: _____

Title: _____ Phone: _____ Date: _____

Please send completed form to
pcclaims@setseg.org or fax to 517.482.0800