

STATE OF GEORGIA
General Liability Accident Report Form

If a non-state employee is injured or property of others is damaged (or alleged) as a result of the State's operations, whether negligent or not, report the claim directly to Vance Silcott/Insurance & Claims Management by calling 706-425-3083 or Fax to 706 425-3255. Keep your answers brief and to the point.

Time is of the essence. Do not delay reporting the claim because you do not have all 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

State Agency involved: University of Georgia	
Date of the incident:	Incident time
Incident location-	City and County
Description of the accident:	
Police authorities contacted:	If yes, Accident Report Number

Claimant Information

Name & address of the Claimant:	Telephone No. –

Injury Information

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

Witness Information

Were there any witnesses?	If so, their name, address & phone no:

Property Damage to Others Information

Claimant's property involved:	Where is the property located now?
Damage to Claimant's property:	Repair/ replacement estimate:

Your Name: _____

Phone Number: _____