



Incident Report

☐ File Claim
☐ Hold Claim

INSURED INFORMATION				
Insured Name:				
Insured Address:				
Insured Contact:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
				<input type="checkbox"/> Email
PERSON(S) INJURED DETAILS				
Name of Person(s):				
Address:				
Phone Number:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
				<input type="checkbox"/> Email
Incident Type:	<input type="checkbox"/> Customer/Patron Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Other: _____ (Theft, Robbery, etc.)		<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Employee Accident (Work Comp)	
INCIDENT DETAILS				
Date of Incident:				
Time of Incident:		<input type="checkbox"/> AM	<input type="checkbox"/> PM	
Date Reported:				
Time Reported:		<input type="checkbox"/> AM	<input type="checkbox"/> PM	
Location:				
Claim Description: (Nature of injury, material damages, outcome, etc.)				

Vehicle Involved:	<input type="checkbox"/> No <input type="checkbox"/> Yes – Year, Make, Model:			
Medical Treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes – Medical Facility:			
Policy Report:	<input type="checkbox"/> No <input type="checkbox"/> Yes – Officer(s) Info: Case #: Description of Situation/Outcome:			
WITNESS(S)				
(#1) Name:				
Phone Number:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
(#2) Name:				
Phone Number:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
(#3) Name:				
Phone Number:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work

X _____
 Signature of Injured Party Date Print Name of Injured Party

X _____
 Signature of Person Completing Report Date Print Name & Position

**If a claim needs to be filed, please be sure to indicate in the top right hand side checkbox and email completed incident report to CommInsurance@UnitedBank4u.com or fax to 616.243.1080. If you have any questions or concerns regarding any of this information, please call United Insurance at 616.559.4658.