

Mang Insurance
56 Clifton Country Road, Ste 202
Clifton Park, New York 12065
518-383-2910

ACCIDENT REPORT
CUSTOMERS BODILY INJURY

NAME: _____

ADDRESS: _____

PHONE: _____
HOME () _____ WORK () _____

RELATIONSHIP OF INSURED: _____
 EMPLOYEE OTHER (PLEASE SPECIFY) _____

INFORMATION ON THE ACCIDENT:

DATE OF ACCIDENT: _____ DAY OF THE WEEK: _____ TIME: _____ PM or AM

DESCRIPTION OF ACCIDENT (INCLUDE CONDITIONS):

INJURIES SUSTAINED: _____

WERE POLICE/AMBULANCE CALLED? YES NO DID (WILL) YOU SEEK MEDICAL ATTENTION? YES NO

IF YES, NAME OF SERVICE: _____

ADDITIONAL INFORMATION:

WAS LOCATION INSPECTED IMMEDIATELY AFTER ACCIDENT? YES NO BY WHOM? _____

WHO IS RESPONSIBLE FOR SUPERVISION OF THE INJURED PARTY? _____

EQUIPMENT INVOLVED? _____

WERE THERE ANY EYEWITNESSES TO THE ACCIDENT? YES NO

NAME, ADDRESS AND PHONE FOR ANY WITNESSES:

1) _____

2) _____

3) _____

4) _____

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____ DATE: _____ WITNESS: _____