

NAME OF COMPANY \_\_\_\_\_

USE REVERSE SIDE FOR  
REPORTING PROPERTY LOSSES

# LIABILITY ACCIDENT NOTICE NON-AUTOMOBILE

CASE NO. _____
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POLICY NUMBER		POLICY DATES			NAME & ADDRESS OF AGENT OR BROKER					
<b>COVERAGE DATA</b>  <b>TO BE COMPLETED BY AGENT</b>	<b>LIMITS</b>	B. I.	LIABILITY	MED. PAYMENTS	ELEVATOR	PRODUCTS	CONTRACTUAL	OTHER (SPECIFY)		
		P. D.								
(1)  INSURED	NAME <b>UNIVERSIDAD DE PUERTO RICO</b>					BUS. PHONE <b>764-0000 ext. 83475</b>		RES. PHONE		
	ADDRESS <b>AVE. PONCE DE LEON</b>									
	LOCATION OF INSURED PREMISES <input type="checkbox"/> SAME AS ABOVE <b>RECINTO DE RIO PIEDRAS</b>									
(2)  TIME & PLACE	DATE & TIME OF ACCIDENT				(    ) AM    (    ) PM					
	LOCATION									
(3)  INJURED PERSON	NAME							AGE		
	ADDRESS					BUS. PHONE		RES. PONE		
	OCCUPATION					EMAIL				
	EMPLOYED by:					RELATIONSHIP TO INSURED				
	WHAT WAS INJURED DOING WHEN HURT?									
(4)  THE INJURY	WHERE WAS INJURED TAKEN AFTER ACCIDENT?					NAME OF DOCTOR				
	WHY WAS INJURED ON PREMISES?									
	PROBABLE DISABILITY					HAS INJURED RESUMED WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO				
(5)  PROPERTY DAMAGE	OWNER					ADDRESS		BUS. PHONE		RES. PHONE
	LIST OF DAMAGE					ESTIMATED COST OF REPAIR				
(6)  WITNESSES	NAME					ADDRESS		BUS. PHONE		RES. PHONE
(7)  DESCRIPTION OF ACCIDENT										
	DATE, LOCATION & BADGE NO. OR NAME OF POLICE AUTHORITY TO WHOM ACCIDENT WAS REPORTED									

DATE \_\_\_\_\_

SIGNATURE OF AGENT OR BROKER \_\_\_\_\_

SIGNATURE OF INSURED \_\_\_\_\_