General Liability Accident Form

A user filing a General Liability Accident Form shall be directed to this on-line form. There are three different sections on this form. From top to bottom, these sections are:

1. The “Reported By” section: this is to be filled in with the Claim Reporter’s information. There are mandatory fields that MUST be filled in: failure to enter in all required fields will generate an error message when you submit the form. Fields required to be filled out in this section are:
   a. First Name
   b. Last Name
   c. Phone No.

   TIP: You should enter the phone number in a way that is easily understood by most people. The system is forgiving so that you may enter a phone number in, for example, as (808) 599-8888 x121 or as any combination of characters.
   d. Date of Incident

Click ‘Submit’ when all the information has been correctly entered.
TIP: You may type in the month, day and year or use the drop downs. If you enter an invalid date, (e.g. February 31, 2002), you will get an “Invalid Date” error message when you submit the form.

e. Time of Incident

TIP: You enter the time in Military Format. For instance the time “1201” (you entered hours = 12 and minutes = 1) means one minute past noon. The time “0001” (you entered hours = 0 and minutes = 1) means one minute past midnight. “1159” is one minute before noon and “2359” is one minute before midnight. Just remember “0000” is midnight and “1200” is noon.

f. Location of Incident

TIP: Please use the drop down list. You may enter the first character of the location to jump closer to the selection in the dropdown list (then select the location). If you cannot find your location, select the “Other” location item - you may also want to contact the Risk Management department to have them add your location to the list for future claim filings.

g. Description of Incident

TIP: Enter all the pertinent information about the incident, but in a concise and efficient manner. There should be adequate space for your description as there is a 2000 character limit to this field. For example, the character count of this user manual section starting with “1. The Reported By section..” header and ending with the last period in this sentence is 1980 characters with spaces.

2. The “Claimant and Witness” section: this is to be filled in with the claimant and witness information: There are no mandatory fields required to be filled in this section, but any information that can be entered will be beneficial for processing.

A successful Claim entry shall produce a ‘Thank you’ page.