USE REVERSE SIDE FOR REPORTING PROPERTY LOSSES

LIABILITY ACCIDENT NOTICE NON-AUTOMOBILE

CASE NO.

POLICY NUMB	BER			POLICY DATES			NAME & ADDRESS	OF AGENT OR BROKER			
				L.,		T		·			
COVERAGE DATA			LIABILIT	Y	MED. PAYMENTS	ELEVATOR	PRODUCTS	CONTRACTUAL		OTHER (SPECIFY)	
DAIA		B. I.									
TO BE	LIMITS										
COMPLETED BY AGENT	11										
		P. D.									
	l	NAME	I			1		BUS. PHONE			
(1)						764-0000 Ext. 84370					
INSURED		UNIVERSIDAD DE PUERTO RICO									
IIVOORED		ADDRESS									
		AVE. PONCE DE LEON									
		LOCATION OF INSURED PREMISES () SAME AS ABOVE									
DECINITO DE DIO DIEDDAS											
RECINTO DE RIO PIEDRAS DATE & TIME OF ACCIDENT											
(2)								() AM () PM			
TIME & PLAC	`F										
IIIVIE GTEAC	,_	LOCATION									
(3)		NAME						AGE		AGE	
										INJURED	
PERSON		ADDICE	55					DOS.THONE		KES. I SIVE	
		OCCUPATION						RELATIONSHIP TO INSURED			
		EMPLOYED BY:									
	WILLAT WASS IN HIPED DOING WHEN HIPT?										
		WHAT WASS INJURED DOING WHEN HURT?									
		WHERE WAS INTRIBED TAKEN AFTER ACCIDENTS									
(4)		WHERE WAS INJURED TAKEN AFTER ACCIDENT? NAME OF DOCTOR									
	,	WINN WAS INJURED ON DEFINISES									
THE INJURY		WHY WAS INJURED ON PREMISES?									
		PROPARIE DISABILITY									
		PROBABLE DISABILITY						HAS INJURED RESUMED WORK? () YES () NO			
		COUNTED CONTROL OF THE CONTROL OF TH						, , ,			
(5)		OWNER	<		ADI	DRESS		BUS. PHONE		RES. PHONE	
		1107.0-	D.1.1.5=					FOTULATES COST :	DED 4:-		
PROPERTY DAMAGE		LIST OF DAMAGE						ESTIMATED COST OF REPAIR			
(6)		NAME			ADE	DRESS		BUS. PHONE		RES. PHONE	
WITNESSES											
171		_							_		
(7)											
DESCRIPTION											
ACCIDENT											
	DATE, LOCATION & BADGE NO. OR NAME OF POLICE AUTHORITY TO WHOM ACCIDENT WAS REPORTED										
		DATE, L	OCATION &	BADG	E NO. OR NAME OF POL	ICE AUTHORITY TO) WHOM ACCIDENT WA	AS REPORTED			
							<u> </u>	<u> </u>			

DATE

SIGNATURE OF AGENT OR BROKER

SIGNATURE OF INSURED