



Customer Incident Information Sheet – General Liability

Do not wait to receive all information before reporting. Timely reporting is a policy requirement.

Business Information

Business Name: _____ **Main Contact Name:** _____

Phone: _____ **Email:** _____

Check One: Report Claim Information Only

Incident Information

Date of Incident: _____ **Time:** _____ a.m. p.m.

Street Address: _____ **City:** _____ **State:** _____

Inside or Outside Bldg. etc.: _____

Location Contact Name: _____ **Phone:** _____ **Email:** _____

Description (explain what happened): _____

Product or Equipment Involved in Incident: _____

Customer/Person Involved (*not an employee*)

Name: _____ **Phone (Day):** _____ **Phone (Cell):** _____

Street Address: _____ **City:** _____ **State:** _____

Type of Injury: _____

Hospital Taken To: _____ **Property Damaged:** _____

Was injured person working at time of injury? No Yes (if yes, complete next line)

Employer Co. Name: _____ **Employer Contact Name:** _____

Witness Information

Name: _____ **Phone (Day):** _____ **Phone (Cell):** _____

Name: _____ **Phone (Day):** _____ **Phone (Cell):** _____

Police Information

City/County/State: _____ **Phone:** _____ **Report #:** _____

Carrier Claim Reporting Numbers

A list of direct reporting numbers is listed on our website [53.com/businessinsuranceclaims](https://www.fifththird.com/businessinsuranceclaims) for your convenience in reporting your loss directly to your carrier. If you do not find your insurance carrier listed or your carrier does not have direct reporting, contact your Fifth Third Insurance representative for assistance.