



Multiple Incidents Information Sheet

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

Check Applicable Incidents: **Auto** **Property** (You Insure) **Liability** (General/Products)

Business Information

Business Name: _____ **Check One:** Report Claim Information Only

Main Contact Name: _____ **Phone:** _____ **Email:** _____

Reported By: _____ **Phone:** _____ **Email:** _____

Incident Information

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

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

Description (explain what happened): _____

Auto – Your Insured Vehicle/Employee

Driver Name: _____ **Phone (Cell):** _____ **Ticket/Citation Issued:** Yes No

Vehicle Year: _____ **Vehicle Make:** _____ **VIN # (last 6):** _____ **Pollution/Fuel Spill:** Yes No

Vehicle Damage: _____ **Towed:** Yes No **If yes, where:** _____

Names of Injured: _____ **Types of Injuries:** _____

Was injured person working at time of injury? Yes No **If yes, was WC reported?** Yes No **Were they removed by ambulance?** Yes No

Other Person Involved (Including Auto or General/Products Liability)

Driver Name: _____ **Phone (Cell):** _____ **Ticket/Citation Issued:** Yes No

Owner Name: _____ **Phone (Cell):** _____ **Vehicle Year/Make:** _____

Vehicle Damage: _____ **Towed:** Yes No **If yes, where:** _____

Names of Injured: _____ **Types of Injuries:** _____

Was injured person working at time of injury? Yes No **Were they removed by ambulance?** Yes No **Pollution/Fuel Spill:** Yes No

Additional Information: _____

Product/Equipment Involved In Potential Liability (ex: cart, pump, tractor, etc.)

Product Type: _____ **Manufacturer:** _____

Purchased From: _____

Property Of Your Business (theft/damage including items in vehicles)

Witness Information

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.