



Vehicle Incident Information Sheet

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

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): _____

Your Insured Vehicle Information

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

Additional Information: _____

Other Vehicle Information

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: _____

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.