



THOMPSON INSURANCE, INC. AGENTS AND BROKERS

CUSTOMER INCIDENT REPORT

Today's date: _____

BUSINESS CONTACT INFORMATION

Named Insured: _____ Location: _____

Name of employee completing report: _____

Store Contact: _____ Title: _____

Contact Phone #: _____ Email: _____

CUSTOMER INFORMATION

Date of injury: _____ Time: _____ am / pm Weather Condition: _____

Name of injured person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Age: _____ Sex: _____

DETAILS OF INCIDENT / INJURY

Where did incident occur (specific exact location, aisle, department, inside, outside):

Brief description of incident:

Cause of incident (water on floor, broken floor tile, tripped over box, etc):



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Description of injury or damage (including part of body, nature of property damage, type vehicle):

Did customer require medical treatment: _____

If so, where taken? _____

Was authority contacted? _____ If so, who? _____

REMARKS:

WITNESS INFORMATION

Witness Name: _____

Telephone #: _____

Address: _____

Witness Name: _____

Telephone #: _____

Address: _____

Witness Name: _____

Telephone #: _____

Address: _____

SEND REPORT TO:

Brittany Stuart

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Email: claims@thomins.com