



CRUM & FORSTER®

A FAIRFAX COMPANY

CUSTOMER INCIDENT REPORTING PROCEDURES



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RESPONDING TO AN INCIDENT

If a customer claims an injury or illness as a result of being in your station, store or site, it is recommended to follow the guidelines below.

Stage 1 - Incident Response

1. Do not admit fault.
2. Treat the customer or potential claimant with respect and sincerity. Upsetting the person will only make the situation worse.
Call 911:
 - if an injury is life threatening
 - if it is requested by the customer
 - if medical treatment is required

If the customer does not want medical assistance, please note this on the incident form.
3. Complete the Customer Incident Report.
4. Obtain a statement from the customer of what happened and provide that information in the incident report. Do not furnish the customer with the incident report, unless the customer requests a copy of their statement. Be objective and do not include your personal opinions in the incident report.
5. Obtain names, addresses, phone numbers, email addresses, and statements of witnesses.
6. Take plenty of photos of the area around the scene. Only take photos of the area of incident and alleged defect of complaint.
7. Do not discuss the incident with anyone except an investigating officer, authorized company representative or claims representative of Crum & Forster.
8. Do not furnish any information about your insurance policy except for the name of your insurer, if asked by the customer.
9. Communicate the incident to your immediate supervisor and/or owner of business.
10. Maintain the video for the incident. Save and store video footage from the time the customer arrives and leaves the property. This should be done as soon as possible.
11. The incident should immediately be reported to Crum & Forster claims department either directly from the company or through your insurance agent depending on your company policy. Even if you do not think there may be a claim, still report.

Stage 2 - Data Collection

The owner, manager or employee in charge should proceed with the following to ensure all information related to incident at your place of business.

INVESTIGATE

- Obtain all facts related to incident
- Be objective
- Do not include personal opinions

DOCUMENT

- Document all your investigation results
- Complete customer incident report
- Do not give a copy of this report to customer

SECURE

- Secure video footage, if available.
- Make a copy of the video from time arriving and leaving premises include, date, time, and address)
- Take photos of the incident area



CUSTOMER INCIDENT REPORT

Instructions: The manager or employee on duty is responsible for completing this report in the event a customer claims injury while on company premises. Complete all sections and **WRITE CLEARLY (PRINT)**. This report is company property and a copy is not to be given to the customer.

| SECTION 1 - SITE/STORE INFORMATION | | | | | | |
|---|--|--|-------------------------------------|---|----------|--|
| Company Name | | | Company contact name | | | |
| Station No. | Station Phone No. | Station Street Address | City | State | Zip Code | |
| SECTION 2 - CUSTOMER INFORMATION | | | | | | |
| Name (Last) | | (First) | | | | |
| Street Address | | City | State | Zip Code | | |
| Home Phone Number | | Mobile Phone Number | | Home Phone Number | | |
| What body part does the customer claim was injured? Check all that apply. | <input type="checkbox"/> Arm | <input type="checkbox"/> Chest | <input type="checkbox"/> Hand(s) | <input type="checkbox"/> Thighs | | |
| | <input type="checkbox"/> Back | <input type="checkbox"/> Face | <input type="checkbox"/> Head | <input type="checkbox"/> Torso/Stomach Area | | |
| | <input type="checkbox"/> Buttock | <input type="checkbox"/> Foot/Feet | <input type="checkbox"/> Leg | <input type="checkbox"/> Other | | |
| Type of customer foot apparel | <input type="checkbox"/> Boots | <input type="checkbox"/> Flip Flops | <input type="checkbox"/> Sandals | <input type="checkbox"/> Sneakers | | |
| | <input type="checkbox"/> Flats | <input type="checkbox"/> Heels | <input type="checkbox"/> Slippers | <input type="checkbox"/> Other | | |
| Condition of footwear | <input type="checkbox"/> Poor | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> Worn | | |
| SECTION 3 - SITE/STORE INFORMATION | | | | | | |
| Date | Exact location of the claimed incident | | | | | |
| Time | | | | | | |
| Was emergency medical response necessary? | <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | |
| Was police response necessary? If so, send police report upon receipt. | <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | |
| Police report number, if available | <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | |
| Is video surveillance of incident available? | <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | |
| Were photo(s) taken of the scene? | <input type="checkbox"/> Clear | <input type="checkbox"/> Icy | <input type="checkbox"/> Snowy | <input type="checkbox"/> Windy | | |
| Weather conditions | <input type="checkbox"/> Foggy | <input type="checkbox"/> Rainy | <input type="checkbox"/> Sunny | <input type="checkbox"/> Other (explain) | | |
| | <input type="checkbox"/> Cluttered | <input type="checkbox"/> Graveled | <input type="checkbox"/> Oily | <input type="checkbox"/> Uneven | | |
| Walking surface at the scene of the incident | <input type="checkbox"/> Dry | <input type="checkbox"/> Matted | <input type="checkbox"/> Pothole(s) | <input type="checkbox"/> Wet | | |
| | <input type="checkbox"/> Icy | <input type="checkbox"/> Obstructed Path | <input type="checkbox"/> Snowy | <input type="checkbox"/> Other (explain) | | |
| Brief description of incident | | | | | | |
| WITNESS NAME | | CONTACT INFO | | ADDRESS, CITY, STATE | | EMPLOYEE |
| | | Phone: | | | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | Email: | | | | |
| | | Phone: | | | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | Email: | | | | |
| SIGNATURE | | | | | | |
| Report completed by | | | | | Date | |

CLAIMS REPORTING PROCEDURES

1. A company representative, _____, is to contact Crum & Forster as soon as the claim has been reported and the Customer Incident Report has been filled out. This should be within 24 hours of the incident. Prompt reporting is paramount!
2. Contact Crum & Forster at **800-392-1970** or **713-954-8100** as soon as possible, so Crum & Forster claims specialists can handle the claim expeditiously. Timely reporting is very important! Accidents can be reported on a 24-hour, seven a day per week basis. Please have your policy number available.
Policy Number: _____
3. Contact your insurance agent.
Agent Name: _____
Agent Phone Number: _____
Agent Email Address: _____



This document is provided for informational purposes only. It was developed as a general guide to safety from sources believed to be reliable and is not intended to provide legal, technical or other professional advice. Compliance with all federal, state or local laws and regulations remain the policyholder's responsibility.