Eastern insurance
JOIN US FOR GOOD

A smart way to protect your business and your employees.

POPEYES LOUISIANA KITCHEN

Customer Incident Report Form

ENTITY INFORMATION		
Entity Name (Not franchise name):	Location Address:	
Date of Incident:	Time of Incident: AM ☐ PM ☐	Report as Notice Only: Yes ☐ No ☐
Contact Person:	Phone:	Email:

INCIDENT INFORMATION		
WHERE DID INCIDENT OCCUR: Check all that apply		
Inside premises ☐	Outside premises ☐	Parking lot ☐
Sidewalk ☐	Drive Thru ☐	Other ☐
WHAT HAPPENED: Check all that apply		
Slip & Fall ☐	Trip & Fall ☐	Burn by food ☐
Burn by beverage ☐	Foreign object in food ☐	Foreign object in beverage ☐
Injury to customer: ☐	Damage to customer property ☐	Damage to customer vehicle ☐
Other:		
Please describe incident in as much detail as possible:		

CUSTOMER INFORMATION
Name:
Address: (Street/City/State/Zip):
Phone: Email:
Were authorities notified: Yes ☐ No ☐ Do you have copy of Police Report: Yes ☐ No ☐
Witness name: Phone: Email: Relation:
Witness name: Phone: Email: Relation:
Witness Statement: Yes ☐ No ☐ (please complete witness statement form on next page)
Was a vehicle involved: Yes ☐ No ☐ Year: Make: Model: Plate:
Do you have surveillance video of incident: Yes ☐ No ☐ (Please make & save copy)
Do you have pictures of incident/area: Yes ☐ No ☐ (Please take cell phone pictures of incident)
Do you have food/beverage item: Yes ☐ No ☐ (Please preserve any item/object)
Name of manager on duty at time of incident:

SEND COMPLETED REPORT FORMS TO:
franchiseclaims@easterninsurance.com Fax: 508-651-4700
Any questions or concerns please contact Paul-Michael Quintin
pquintin@easterninsurance.com 508-620-3493

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