

Wendy's Restaurant of Canada Inc.
General Liability/Product Liability Loss Notice

Today's Date/Time:

Claim Type:

Claim Number:

Date Of Loss:

Claim Processor:

Insured Information:

Name & Address:

Area/Store Number:

Store Phone #:

Manager on Duty:

Accident Information:

Description of Accident:

Alleged Injuries:

Accident:

Cause:

Injury:

Body Part Injured:

Claimant Name & Address:

Name & Address:

Home Phone:

Cell Phone:

Work Phone:

Birthdate:

Witness:

Home Phone:

Office Phone: