

Automobile Claim Form

LOSS

Date: _____

Location: _____

City: _____ State: _____

Police Dept. Involved: _____ Ticket Issued: _____

DESCRIPTION OF ACCIDENT

INSURED VEHICLE

Year: _____ Make: _____ Model: _____

VIN: _____ Plate: _____

Extent of Damages: _____

Present Location: _____

Driver: _____ (ASK IF OFFICER OF CO)

Date of Birth: _____ License #: _____ State: _____

OTHER VEHICLE

Year: _____ Make: _____ Model: _____

Extent of Damages: _____

Owner: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

INSURANCE INFORMATION

Company Name: _____ Policy #: _____

Agent Name: _____ Phone: _____

INJURED

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Extent of Injury: _____

WITNESSES

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

IMPACT

Is damaged auto essential to business? _____

How? _____

(OVER FOR INSTRUCTIONS TO INSURED)

INSTRUCTIONS TO INSURED:

If still on the scene:

1. Contact police.
2. Obtain information about other people involved in the accident or anyone who may have witnessed the accident.
 - Name
 - Address
 - Phone number
 - Insurance carrier
 - Policy number
 - Etc.
3. Take photos of the accident, if camera available.
4. Have vehicle towed if unable to drive.

If not on the scene:

1. Obtain two estimates for repair if vehicle can be driven.
2. The claims adjuster will either approve one of these two estimates or send an appraiser to see the vehicle.
3. The claims adjuster will deal directly with the other people involved in the accident; you should not deal with them yourself.
4. The insurance company will contact you within 48 hours.
 - If there is any reason that you need to be contacted immediately, please let us know.