

AUTOMOBILE CLAIM

LOSS

Date _____

Location _____

City _____ State _____

Police Dept. Involved _____ Ticket Issued _____

DESCRIPTION OF ACCIDENT

INSURED VEHICLE

Year _____ Make _____ Model _____

V.I.N. _____ Plate _____

Extent of Damages _____

Present Location _____

Driver _____ (ASK IF OFFICER OF CO)

Date of Birth _____ License No. _____ State _____

OTHER VEHICLE

Year _____ Make _____ Model _____

Extent of Damages _____

Owner _____ Phone _____

Address _____

City _____ State _____ Zip _____

Insurance Information

Company Name _____ Policy No. _____

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? _____