

Automobile Claim Guide

Please be prepared to answer the following questions when calling to report a claim

Loss

Date _____ Time _____
Location (Road or Street) _____
City _____ State _____ Zip Code _____
Police Department Involved _____ Citation Issued _____

Description of Accident

Insured Vehicle

Owner _____ Policy No _____ Insurance Co _____
Year _____ Make _____ Model _____
VIN _____ Plate _____
Extent of Damages _____
Present Location _____

Driver _____ Phone _____ Email _____
Date of Birth _____ Driver's License No _____
Address _____
City _____ State _____ Zip Code _____

Other Vehicle

Owner _____ Policy No _____ Insurance Co _____
Year _____ Make _____ Model _____
VIN _____ Plate _____
Extent of Damages _____
Present Location _____

Driver _____ Phone _____ Email _____
Date of Birth _____ Driver's License No _____
Address _____
City _____ State _____ Zip Code _____

Injured

Name _____ Phone _____ Email _____
Address _____
City _____ State _____ Zip Code _____
Extent of Injury _____

Witness

Name _____ Phone _____ Email _____
Address _____
City _____ State _____ Zip Code _____