

AUTO AND HOME CLAIMS

Address : _____

Phone Home _____ Work _____

Which Vehicle was Driven : _____

When accident happened : _____

Any Police Contracted? If so, which station? _____

Report # _____

Where accident occurred _____

Who was cited : _____

Any injuries _____

Any passengers in either vehicle : _____

Damage incurred on insured's vehicle : _____

Claimant's Information :

Name : _____

Address : _____

Phone : _____

Make, Model of Vehicle _____

Insurance Carrier : _____

Damage to vehicle : _____

If towed, Where was it towed ? _____

Any Witnesses _____

What Happened (DETAILS) _____

ADVISE INSURED OR CLAIMANT TO OBTAIN TWO ESTIMATES IF POSSIBLE AND SEND OR FAX TO US.