



Automobile Claim Report

Insured Info

Owners Name: _____
Address: (include city, state, & zip) _____
Phone: _____
Business Phone: _____
Email: _____

Automobile Loss

Reported by: _____
Date/Time of Loss: _____
Previously Reported: _____ Yes or _____ No
Location of Accident: _____
Describe Accident: _____

Authority Contacted: _____
Violation/Citations: _____
Reported Number: _____

Insured Vehicle

Vehicle Number: _____
Vehicle Year: _____
Make: _____
Model: _____
License Plate #: _____
Address: (include city, state, & zip) _____
Phone: _____
Driver License #: _____
Plate/Registration Number: _____
Describe Damage: _____

Other Vehicle or Property Damage

Claimant Info

Other Driver Info: (Vehicle Number, Vehicle Year, Make, Model, License Plate#)

Driver of Other Vehicle: (Include, Address, City, State & Zip)

Owner of Other Vehicle: (Include, Address, City, State & Zip)



Injuries: _____
___ Yes or ___ No If yes, to whom and extent of injury

Property

Describe Property :(describe the type of property) _____

Other Insurance: _____

Company or Agency Name: _____

Policy Number: _____

Owners Name: _____

Address: (include city, state, & zip) _____

Phone: _____

Email: _____

Describe Property Damage: _____

Estimate Amount: _____

Damage can be seen at? _____

Passenger/Injuries

Person 1

Name: _____

Address: (include city, state, & zip) _____

Phone: _____

Insured Vehicle: _____ Yes or _____ No

Other Vehicle: _____ Yes or _____ No

Injured: _____ Yes or _____ No

Describe: _____

Person 2

Name: _____

Address: (include city, state, & zip) _____

Phone: _____

Insured Vehicle: _____ Yes or _____ No

Other Vehicle: _____ Yes or _____ No

Injured: _____ Yes or _____ No

Describe: _____

Person 3

Name: _____

Address: (include city, state, & zip) _____

Phone: _____

Insured Vehicle: _____ Yes or _____ No

Other Vehicle: _____ Yes or _____ No

Injured: _____ Yes or _____ No

Describe: _____

Comment: _____