



**Automobile Claim Report**

**Insured Information**

Owners Name: \_\_\_\_\_  
Address: (Incl .City State Zip) \_\_\_\_\_  
Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Automobile Loss**

Reported by: \_\_\_\_\_  
Date/Time of Loss: \_\_\_\_\_  
Previously Reported: \_\_\_\_\_  
Location of Accident: \_\_\_\_\_  
Describe Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Authority contacted: \_\_\_\_\_  
Violation/Citation: \_\_\_\_\_  
Report Number: \_\_\_\_\_

**Insured Vehicle:**

Vehicle Year: \_\_\_\_\_  
Make/Model \_\_\_\_\_  
License Plate #: \_\_\_\_\_  
Driver Name: \_\_\_\_\_  
Address: (Incl .City State Zip) \_\_\_\_\_  
Phone: \_\_\_\_\_  
Driver License # \_\_\_\_\_

**Other Vehicle or Property Damage – Claimant Info**

Vehicle: Year Make Model \_\_\_\_\_  
Plate# \_\_\_\_\_  
Describe damage: \_\_\_\_\_  
Damage can be seen at (location) \_\_\_\_\_  
Driver of other vehicle: \_\_\_\_\_  
Address (incl. City State Zip) \_\_\_\_\_  
Driver License # \_\_\_\_\_  
Owner of other vehicle: \_\_\_\_\_  
Address (Incl. State & Zip) \_\_\_\_\_  
Other Insurance: \_\_\_\_\_  
Company/Agency Name: \_\_\_\_\_  
Policy # \_\_\_\_\_

**Passenger/Injuries:**

**Person 1**

Name: \_\_\_\_\_  
Address: (Incl. City, State Zip) \_\_\_\_\_  
Phone: \_\_\_\_\_  
Insured Vehicle Yes \_\_\_\_\_ No \_\_\_\_\_  
Other Vehicle Yes \_\_\_\_\_ No \_\_\_\_\_  
Injured: Yes \_\_\_\_\_ No \_\_\_\_\_  
Describe: \_\_\_\_\_

**Person 2**

Name: \_\_\_\_\_  
Address: (Incl. City, State Zip) \_\_\_\_\_  
Phone: \_\_\_\_\_  
Insured Vehicle Yes \_\_\_\_\_ No \_\_\_\_\_  
Other Vehicle Yes \_\_\_\_\_ No \_\_\_\_\_  
Injured: Yes \_\_\_\_\_ No \_\_\_\_\_  
Describe: \_\_\_\_\_

**Person 3**

Name: \_\_\_\_\_  
Address: (Incl. City, State Zip) \_\_\_\_\_  
Phone: \_\_\_\_\_  
Insured Vehicle Yes \_\_\_\_\_ No \_\_\_\_\_  
Other Vehicle Yes \_\_\_\_\_ No \_\_\_\_\_  
Injured: Yes \_\_\_\_\_ No \_\_\_\_\_  
Describe: \_\_\_\_\_