

# Vehicle Incident Claim Form

## *Incident Report*

### **IMMEDIATE REPORTING IS CRITICAL**

Do not delay in calling, even if you do not have all of the following information. Do not to accept any liability, admit fault or agree to pay any damages.

#### INSURED COMPANY INFORMATION

Date of Report: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM  
Insured Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Name of Person Completing Report: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Name of Contact for this Loss (if different than above): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### INSURED COMPANY INFORMATION

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM  
Location of Accident  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Please provide photos (if available).

#### INFORMATION REPORTED TO POLICE

Reported to Police? Yes \_\_\_\_\_ No \_\_\_\_\_  
Police Report Number: \_\_\_\_\_ Police Station/Division: \_\_\_\_\_  
Police Officer/Sergeant: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Citation(s) Issued? Yes \_\_\_\_\_ No \_\_\_\_\_ List Citation: \_\_\_\_\_  
Name of Person to Whom Citation was Issued: \_\_\_\_\_

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### INSURED DRIVER INFORMATION

Driver's Name:

Job Title:

Driver's Home Address:

City:

State:

Zip Code:

Driver's Phone Number:

E-Mail:

Driver's Date of Birth:

Driver's Licence Number:

State:

Property Location the Driver is Assigned to:

### INSURED VEHICLE INFORMATION

Year

Make

Model

Vehicle Color

VIN#

License Plate #

State:

Describe Accident (in detail):

Were You Injured in the Accident?

Yes

No

Extent of Injury(ies):

Damages to the Vehicle:

Where Can the Vehicle Can be Seen:

Auto Body Shop

Other Location

Name of Auto Body Shop:

Estimated Damages: \$

Address:

State:

Zip Code:

Contact Person:

Phone Number:

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### OTHER VEHICLE INVOLVED

Driver's Name:

Address:

City:

State:

Zip Code:

Phone Number:

E-Mail:

Year

Make

Model

Vehicle Color

VIN#

License Plate #:

State:

Damage(s) to the Vehicle:

Injuries to Driver (If Applicable):

Vehicle Owner (if different):

Address:

City:

State:

Zip Code:

Phone Number:

E-Mail:

Vehicle Insured? Yes No

Insurance Company:

Policy #:

Contact Person:

Phone Number:

### ADDITIONAL INFORMATION

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### WITNESSES:

WITNESSES #1	Name:		Age:
	Passenger in Insured Vehicle:	Passenger in Other Vehicle:	Other:
	Address:		
	City:	State:	Zip Code:
	Phone Number:		E-Mail:

WITNESSES #2	Name:		Age:
	Passenger in Insured Vehicle	Passenger in Other Vehicle	Other:
	Address:		
	City:	State	Zip Code:
	Phone Number:		E-Mail:

### INJURED PERSON(S):

INJURY #1	Were you a Passenger?	Yes	No	
	Name:			Age:
	Address:			
	City:	State:		Zip Code:
	Phone Number:			E-Mail:
	Extent of Injury(ies):			

INJURY #2	Were you a Passenger?	Yes	No	
	Name:			Age:
	Address:			
	City:	State:		Zip Code:
	Phone Number:			E-Mail:
	Extent of Injury(ies):			