

CLAIMS REPORTING FORM – PROPERTY OR AUTO
(not for reporting WC claims)

Insured: _____

Person's name/title reporting this claim: _____

Phone: _____ Fax#: _____

Date of Accident: _____ Approx. Time: _____

Insured Driver (name): _____

Insured Vehicle involved: Year _____ Make/Model _____

Vin #: _____

Insured Vehicle Damages: _____

Other Driver(s) – name, address, phone#: _____

Other vehicle(s): _____

Damage to other vehicle or property(s): _____

Description of incident: _____

Location of accident: _____

Witnesses & Phone#: _____

Police/Fire Responding: _____ Report#: _____

ADDITIONAL COMMENTS:
