|  |  |
| --- | --- |
| **LOSS**Date:       |  |
| Location:       |  |
| City:       | State:       |
| Police Dept. Involved:       | Ticket Issued:       |
| **DESCRIPTION OF ACCIDENT** |
|       |
| **INSURED VEHICLE** |
| Year:       | Make:       | Model:       |
| VIN:       | Plate:       |
| Extent of Damages:       |
| Present Location:       |
| Driver:       | (ASK IF OFFICER OF CO) |
| Date of Birth:       | License #:       | State:       |
| **OTHER VEHICLE** |
| Year:       | Make:       | Model:       |
| Extent of Damages:       |  |
| Owner:       | Phone:       |
| Address:       |  |
| City:        | State:       | Zip:       |
| **INSURANCE INFORMATION** |
| Company Name:       | Policy #:       |
| Agent Name:       | Phone:       |
| **INJURED** |  |
| Name:       | Phone:       |
| Address:       |  |
| City:       | State:       | Zip:       |
| Extent of Injury:       |
| **WITNESSES** |
| Name:       | Phone:       |
| Address:       |
| City:       | State:       | Zip:       |
| **IMPACT** |
| Is damaged auto essential to business?       |
| How?       |
| **(OVER FOR INSTRUCTIONS TO INSURED)** |

**Automobile Claim Form**

**INSTRUCTIONS TO INSURED:**

If still on the scene:

1. Contact police.
2. Obtain information about other people involved in the accident or anyone who may have witnessed the accident**.**
3. Name
4. Address
5. Phone number
6. Insurance carrier
7. Policy number
8. Etc.
9. Take photos of the accident, if camera available.
10. Have vehicle towed if unable to drive.

If not on the scene:

1. Obtain two estimates for repair if vehicle can be driven.
2. The claims adjuster will either approve one of these two estimates or send an appraiser to see the vehicle.
3. The claims adjuster will deal directly with the other people involved in the accident; you should not deal with them yourself.
4. The insurance company will contact you within 48 hours.
5. If there is any reason that you need to be contacted immediately, please let us know.