



AUTOMOBILE CLAIM FORM

Community _____ Reported by _____

Phone _____ Email _____

Date of Loss _____ Date Reported _____

Vehicle: Year _____ Make/Model _____ VIN # _____

Driver: Name _____ Phone _____

OTHER PARTY INFORMATION

Vehicle Owner _____ Address _____

Daytime Phone _____

Vehicle Driver _____ Address _____

Daytime Phone _____

Year _____ Make/Model _____ VIN # _____

Insurer _____ Policy # _____ License Plate # _____

DESCRIBE WHAT HAPPENED

WITNESSES IF ANY _____ **PHONE #** _____

Location & Details (Please draw a diagram of the scene on the back of this form)

Diagram (use back if necessary)

Diagram