

Statement of Claim for Property/Vehicular Damages

What is your name? _____ Email Address: _____

Address: _____ Phone # _____

Name of your insurance carrier: _____ Phone #: _____

Policy # : _____ Type of Coverage: _____

If you have submitted this damage to your insurance, please give claim #: _____

Place of Accident: _____ Date/Time: _____

If property damage is a business location, please give name of business: _____

Describe the damaged vehicle for which you are submitting a claim:

Year	Make	Model	Mileage	License Plate No/State
_____	_____	_____	_____	_____

Describe the damage to the vehicle or property (attach two estimates) : _____

Will you require a rental vehicle? _____ Was the vehicle towed? _____

Are you the owner of the vehicle? Yes No If no; list the owner's name, address & phone #:

Were you the driver at the time of the accident? Yes No If no; list the driver's name, address & phone #: _____

Name (s), Age (s) and Phone # (s) for the occupants in your vehicle: _____

Were you or any passenger injured? Yes No If yes, describe who was injured and extent of injuries:

Were there any witnesses to the accident? Yes No If yes; give name, address and phone #: _____

Did the Police respond?: Yes No If yes; name of agency and report #: _____

Explain how the accident happened. Give full account; stating speed and direction of each car: _____

IF YOU ARE NOT SUBMITTING A CLAIM FOR DAMAGES PLEASE CHECK THIS BOX

Signature of Claimant: _____ Date: _____

Witness to Claimant: (print name) _____ Signature: _____