



Claim# _____

Statement of Claim for Property/Vehicular Damages

Claimant Information

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____ Email Address: _____

Insurance Company Information

Insurance Carrier Name: _____ Policy#: _____

Insurance Claim#: _____ Type of Coverage: _____ Phone: _____

Adjuster's Name: _____

Vehicle

Year: _____ Make: _____ Model: _____ Mileage: _____ Plate: _____

How many days will you require a rental?: _____ Days Was the Vehicle Towed? Yes No

Place of Accident

Business Name: _____ Date: _____ Time: _____

Address: _____ City: _____

State: _____ Zip: _____

Describe damage to vehicle or property (Two Estimates Required if Damage exceeds \$1,000)

Were you the Driver? Yes No (If you were not the driver, please fill in Driver Section)

Driver

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____

Are you the Vehicle Owner? Yes No (If you are not the vehicle owner, please fill in Vehicle Owner Section)

Vehicle Owner

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____

Did anyone Witness to the accident? Yes No (If there was a Witness, please fill in the Witness information)

Witness

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____

Did the Police Respond? Yes No (If the police did respond, please fill Agency Name and Report#)

Agency Name: _____ Report#: _____

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

Occupant Information

Occupant One: Age: _____ Phone#: _____

First Name: _____

Last Name: _____

Occupant Two: Age: _____ Phone#: _____

First Name: _____

Last Name: _____

Occupant Three: Age: _____ Phone#: _____

First Name: _____

Last Name: _____

Occupant Four: Age: _____ Phone#: _____

First Name: _____

Last Name: _____

Were you or any occupant injured? Yes No (If an injury did occur, please list occupant and describe injury)

Driver: _____

Occupant One: _____

Occupant Two: _____

Occupant Three: _____

Occupant Four: _____

Signature of Claimant:

Date:
