

Auto Claim

Date of Loss: _____

Date Reported: _____

Your information

Name: _____
Insurance Co: _____
Policy#: _____
Location of the accident: _____
Details of the accident: _____
At Fault? Yes • No _____
Vehicle you were driving: _____
Injury and/or Vehicle Damage information: _____
License Plate #: _____
Bodyshop you want to use: _____
Passengers' information : _____

Other Party's info:

Driver Name: _____
Address: _____
TEL: _____
Vehicle Type: _____
Vehicle Color: _____ Plate#: _____
Insurance Company: _____
Policy#: _____
Injury and/or Vehicle Damage information: _____