



Facility Name _____

VEHICLE CLAIM REPORT

REPORTED BY:		HOME PHONE:		BUSINESS PHONE:	
AFFILIATE NAME:		AFFILIATE PHONE:		AFFILIATE FAX NUMBER:	
AFFILIATE ADDRESS:		CITY:		STATE: ZIP:	
DRIVER NAME:		DRIVER HOME PHONE:		DRIVER BUSINESS PHONE:	
DRIVER ADDRESS:		CITY:		STATE: ZIP:	
DRIVER LICENSE NUMBER & STATE:		DRIVER DATE OF BIRTH:		DRIVER SOCIAL SECURITY NUMBER:	
YOUR VEHICLE		YEAR:	MAKE:	MODEL:	LIC. PLATE NUMBER & STATE:
VEHICLE IDENTIFICATION NUMBER:		AREA OF DAMAGE:		MILEAGE:	RST. COST OF REPAIR:
ADDRESS WHERE VEHICLE CAN BE SEEN:		CITY:		STATE: ZIP:	PHONE:
ACCIDENT		LOCATION OF LOSS (STREET OR HIGHWAY):		CITY:	STATE: ZIP:
DATE OF LOSS:		TIME OF LOSS:		VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
WERE POLICE CALLED TO SCENE?: <input type="checkbox"/> YES <input type="checkbox"/> NO		POLICE DEPT. CALLED: <input type="checkbox"/> YES <input type="checkbox"/> NO		TICKETS ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF OFFICER AND BADGE NUMBER:		STATION ADDRESS - CITY:			STATE: ZIP:
CLAIMANT #1 (Other Vehicle)		OWNER OF VEHICLE:	AGE/DATE OF BIRTH:	ADDRESS:	STATE: ZIP PHONE:
DRIVER, IF OTHER THAN OWNER:		AGE/DATE OF BIRTH:		ADDRESS:	STATE: ZIP PHONE:
YEAR:	MAKE:	Model:		V.I.N.	
PLATE NUMBER AND STATE:		AREA OF DAMAGE:			SOCIAL SECURITY #:
INSURANCE INFORMATION (Name):		ADDRESS:		CITY:	STATE: ZIP PHONE:
CLAIMANT #2 (Other Vehicle)		OWNER OF VEHICLE:	AGE/DATE OF BIRTH:	ADDRESS:	STATE: ZIP PHONE:
DRIVER, IF OTHER THAN OWNER:		AGE/DATE OF BIRTH:		ADDRESS:	STATE: ZIP PHONE:
YEAR:	MAKE:	Model:		V.I.N.	
PLATE NUMBER AND STATE:		AREA OF DAMAGE:			SOCIAL SECURITY #:
INSURANCE INFORMATION (Name):		ADDRESS:		CITY:	STATE: ZIP PHONE:
PROPERTY DAMAGE - OTHER THAN AUTO (i.e. Building, Fence, Guard Rail, Utility Pole):					OWNER OF PROPERTY:
PROPERTY ADDRESS:					CITY: STATE: ZIP OWNER PHONE NUMBER:
DESCRIBE DAMAGE TO PROPERTY:					
STOLEN AUTO		WERE POLICE CALLED TO SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF LOSS:	DATE RECOVERED:
CULPRIT APPREHENDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		CULPRIT NAME:		CULPRIT ADDRESS: CITY: STATE: ZIP	
NAME OF OFFICER AND BADGE #:		POLICE DEPARTMENT:		REPORT NUMBER:	REMEMBER: When reporting a stolen vehicle, you must also complete 'YOUR VEHICLE' section above.
STATION ADDRESS:		CITY:		STATE: ZIP	

