

Claims Questionnaire

Auto:

Was anyone hurt? Y or N If so, describe: _____

Insured Name: _____ Phone# _____ - _____ - _____

Email: _____

Date of Accident: ____/____/____ Time of Accident ____:____ am/pm

Insured Vehicle Involved? _____

Were the police called? Y or N If yes, what police department? _____

What happened? _____

Where did the accident occur? _____

Vehicle drivable? Y or N If not, where was vehicle towed to? _____

If vehicle was towed, suggest them to get it out ASAP.

Where was the damage to the vehicle? __ Front Bumper __ Rear End __ Drivers side (front) __ Drivers side (rear) __ Passenger Side (front) __ Passenger side (rear)

Need a rental vehicle? Y or N

Who else was involved?

Name: _____ Phone# _____ - _____ - _____

Vehicle Drivable? Y or N Year/Make/Model: _____

Name: _____ Phone# _____ - _____ - _____

Vehicle Drivable? Y or N Year/Make/Model: _____

Name: _____ Phone# _____ - _____ - _____

Vehicle Drivable? Y or N Year/Make/Model: _____

Home:

Date of Loss: ____/____/____

What happened/Cause of damage? _____

Where was the damage? _____

Temporary Repairs/Habitable? _____