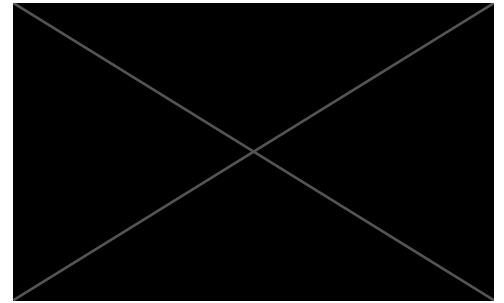


# Auto Claims



## **In the event of an automobile accident:**

1. Report the accident to the police.
2. Obtain information about the other people involved in the accident such as:
  - a. Names, addresses and phone numbers
  - b. Insurance company
  - c. Type of vehicle
  - d. Auto and driver's license numbers.
3. Have your vehicle towed to the nearest repair shop if the vehicle is not drivable. Do not authorize repairs until the claims adjuster gives you the authority to do so.
4. Call us to report the accident.

## **In the event of a windshield, vandalism or theft loss:**

1. Report the vandalism loss or theft to the police.
2. Call us to report a loss.

## **After we report the claim to the insurance company, the claims adjuster will:**

1. Contact you to request details of the accident and repair estimates
2. Arrange for an appraiser to inspect the damages of vehicles that are not drivable or extensively damaged
3. Contact you for a settlement
4. Deal directly with the others involved in the accident

**You should not talk to others involved in the accident, but refer them to your claims adjuster.**

**If at anytime the claim is not being handled to your satisfaction  
or should you need assistance, please contact**



# AUTOMOBILE CLAIM

## LOSS

Date \_\_\_\_\_

Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Police Dept. Involved \_\_\_\_\_ Ticket Issued \_\_\_\_\_

## DESCRIPTION OF ACCIDENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSURED VEHICLE

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

V.I.N. \_\_\_\_\_ Plate \_\_\_\_\_

Extent of Damages \_\_\_\_\_

Present Location \_\_\_\_\_

Driver \_\_\_\_\_ (ASK IF OFFICER OF CO)

Date of Birth \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

## OTHER VEHICLE

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Extent of Damages \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Insurance Information

Company Name \_\_\_\_\_ Policy No. \_\_\_\_\_

Agent Name \_\_\_\_\_ Phone \_\_\_\_\_

## INJURED

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Extent of Injury \_\_\_\_\_

## WITNESSES

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## IMPACT

Is damaged auto essential to business? \_\_\_\_\_

How? \_\_\_\_\_

## **INSTRUCTIONS TO INSURED:**

### If still on the scene:

1. Contact police.
2. Obtain information about other people involved in the accident or anyone who may have witnessed the accident.
  - Name
  - Address
  - Phone number
  - Insurance carrier
  - Policy number
  - Etc.
3. Take photos of the accident, if camera available.
4. Have vehicle towed if unable to drive.

### If not on the scene:

1. Obtain two estimates for repair if vehicle can be driven.
2. The claims adjuster will either approve one of these two estimates or send an appraiser to see the vehicle.
3. The claims adjuster will deal directly with the other people involved in the accident; you should not deal with them yourself.
4. The insurance company will contact you within 48 hours.
  - If there is any reason that you need to be contacted immediately, please let us know.