

PROPERTY DAMAGE/ACCIDENT REPORT

1. Name: _____ DOB _____ SSN/Tax ID NO.: _____

2. Telephone NO.(Home): _____ Other: _____

3. Address: _____ City: _____ State: ____ Zip _____

4. Place of Employment: _____

5. Date of Incident: _____ Time of Incident: _____

Location: _____ City: _____ State: ____ Zip: _____

6. Was anyone injured: _____ If yes, list names, ages & addresses (Use back of form for additional space)

If your claim does not involve damage to a vehicle, please skip to # 10

7. Was your vehicle involved: _____ Registered owner of vehicle: _____

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

8. Describe damage to vehicle: _____

9. Is Vehicle insured: _____ Insurance Company: _____

Full Coverage: _____ Liability only: _____ Deductible Amount: _____

10. Please describe what occurred: _____

11. Names & contact information of witnesses: _____

12. Describe damage to property: _____

13. Legal owner of damaged property: _____

Please attach photos of damaged vehicle/property and documentation showing proof of ownership. Attach any additional supporting/relative documents See accompanying letter for any other information requested.

Signature: _____ **Date:** _____