

# INFORMATION TO REPORT A NEW CLAIM

INSURED/MEMBER: \_\_\_\_\_

COUNTY: \_\_\_\_\_

Reported By: \_\_\_\_\_ Phone#: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax # \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_

LOCATION OF LOSS: \_\_\_\_\_

DESCRIPTION OF LOSS: \_\_\_\_\_

VEHICLE INFORMATION: VIN # \_\_\_\_\_

DRIVER: \_\_\_\_\_

POLICE REPORT? \_\_\_\_\_

INJURIES? \_\_\_\_\_ WITNESSES? \_\_\_\_\_

CLAIMANT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Property Damaged: \_\_\_\_\_