Automobile Accident Claim Form

Date of Incident: _____   Approx. Time: _____   Date Reported: _____

Driver's Name: _____   Driver's License: _____

Relation to Insured: _____   Permissive Use: ☐ Yes ☐ No If no, please explain _____

Your Vehicle: Year/Make/Model/Color _____   Plate: _____   VIN: _____

Describe Damage: _____

_____ Vehicle towed?: ☐ Yes ☐ No If so, where? _____

Location of Accident (Street, Highway Name, Intersection, and City/Town): _____

How did the Accident Happen? If possible, draw a diagram on reverse side _____

_____

Other Vehicle: Year/Make/Model/Color _____   Plate: _____   VIN: _____

Describe Damage: _____ Vehicle towed?: ☐ Yes ☐ No If so, where? _____

Driver Name: _____ Owner's Phone No.: _____ ☐ Business ☐ Home ☐ Cell

Address: _____

Different Owner? Name: _____ Owner's Phone No.: _____ ☐ Business ☐ Home ☐ Cell

Address: _____

Other Vehicle Insurance Information: Carrier/Policy Number/ Agent or Broker Name

_____

INJURIES

Injured: Name _____ Phone No. _____ ☐ Business ☐ Home ☐ Cell

Address _____

Description/Extent of Injury: _____

Medical Attention: Emergency Services or See Doctor? ☐ Yes ☐ No _____

Injured: Name _____ Phone No. _____ ☐ Business ☐ Home ☐ Cell

Address _____

Description/Extent of Injury: _____

Medical Attention: Emergency Services or See Doctor? ☐ Yes ☐ No _____

WITNESSES

Name: _____ Phone No._____ ☐ Business ☐ Home ☐ Cell

Address: _____

Was the witness a passenger in an involved vehicle? ☐ Yes ☐ No   If so, which vehicle?_____

Name: _____ Phone No._____ ☐ Business ☐ Home ☐ Cell

Address: _____

Was the witness a passenger in an involved vehicle? ☐ Yes ☐ No   If so, which vehicle?_____

Police Report Filed? ☐ Yes ☐ No Attending Officer: _____

If a camera is available, take a photo of the other party's License, Insurance ID, Registration and Damage.
Please include any photos of the scene. There will be an option to attach them once you click Submit. You will be prompted to choose **Desktop Email Application** or I**nternet Email**. If you choose **Desktop Email Application** a new email will appear with your completed form attached. This will allow you to also include any photos you may have. If you choose I**nternet Email** you will be prompted to save the completed PDF to your computer. You can then email the form and any photos to claims@legacyrisk.net.

Reported By _____   Signature _____

Title _____   Date _____