

# AUTO LIABILITY AND PHYSICAL DAMAGE CLAIM/INCIDENT REPORT

Member (Include address and telephone number): \_\_\_\_\_

\_\_\_\_\_

Certificate No: \_\_\_\_\_ Certificate Term: \_\_\_\_\_

Deductible: \_\_\_\_\_ Other Insurance? \_\_\_\_\_

If so, list carrier, policy number, and policy term:

\_\_\_\_\_

Date of Accident: \_\_\_\_\_ Description of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there any other responsible party involved? \_\_\_\_\_ If so, explain who and why:

\_\_\_\_\_

\_\_\_\_\_

Member Vehicle Description:

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

V.I.N. Number: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

\_\_\_\_\_

Lienholder (If none, so indicate): \_\_\_\_\_

Name of Member Driver: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

Used with Permission?

\_\_\_\_\_

Description of Damage to Member's Vehicle: \_\_\_\_\_

\_\_\_\_\_

Estimate of Damage: \_\_\_\_\_ Is the vehicle disabled?

\_\_\_\_\_

If so, where is the vehicle presently located?

\_\_\_\_\_

Other Vehicle Description:

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

V.I.N. Number: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

\_\_\_\_\_

Name of Other Driver: \_\_\_\_\_

Description of Damage to Other Vehicle: \_\_\_\_\_

Estimate of Damage: \_\_\_\_\_

List any Injuries: \_\_\_\_\_

Did the Accident Involve Property Damage to Others? \_\_\_\_\_

If so, describe: \_\_\_\_\_

Has a claim been presented against the Member? \_\_\_\_\_ If not, do you have any reason to believe that a claim will be pursued in the future? \_\_\_\_\_ If so, why? \_\_\_\_\_

Were the police or fire department called? \_\_\_\_\_ If so, attach a copy of the report(s).

List the name, address and telephone number of all witnesses: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

This form has been completed by:

Name (Please Print): \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_