

AUTOMOBILE CLAIM

Cragin & Pike, Inc.

P: 702-877-1111

F: 702-258-3394

Date of Loss _____
Location _____
City _____ State _____
Police Dept. Involved _____ Ticket Issued _____
Event # _____

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 _____
Permissive User _____ yes or no

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? _____

DATE OF REPORT _____

COMPLETED BY _____

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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.

DATE OF REPORT _____

COMPLETED BY _____