

# CLAIM INFORMATION

Your Policy # \_\_\_\_\_

Date of Loss \_\_\_\_\_

Claim # \_\_\_\_\_

Provided by the Claim Representative

Your Vehicle Make \_\_\_\_\_

Your Vehicle Model \_\_\_\_\_

Your Vehicle Year \_\_\_\_\_

License Plate Number \_\_\_\_\_

Is YOUR Car Drivable? \_\_\_\_\_

**YES**

or

**NO**

Describe your Damages \_\_\_\_\_

Passengers Injured/Injuries \_\_\_\_\_

## Other Driver Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City State & Zip code \_\_\_\_\_

Telephone # (H) \_\_\_\_\_

Telephone # (W) \_\_\_\_\_

Owner if not the Driver \_\_\_\_\_

Address \_\_\_\_\_

City State & Zip code \_\_\_\_\_

Telephone # (H) \_\_\_\_\_

Telephone # (W) \_\_\_\_\_

Other Vehicle Make \_\_\_\_\_

Other Vehicle Model \_\_\_\_\_

Other Vehicle Year \_\_\_\_\_

License Plate Number \_\_\_\_\_

Is That Car Drivable? \_\_\_\_\_

**YES**

or

**NO**

Approximate Damage \$ \_\_\_\_\_

Describe Damages \_\_\_\_\_

Passengers Names/Injured \_\_\_\_\_

## Insurance Information

Name of Ins. Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Driver License of Other Driver \_\_\_\_\_

## Witnesses:

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

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

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

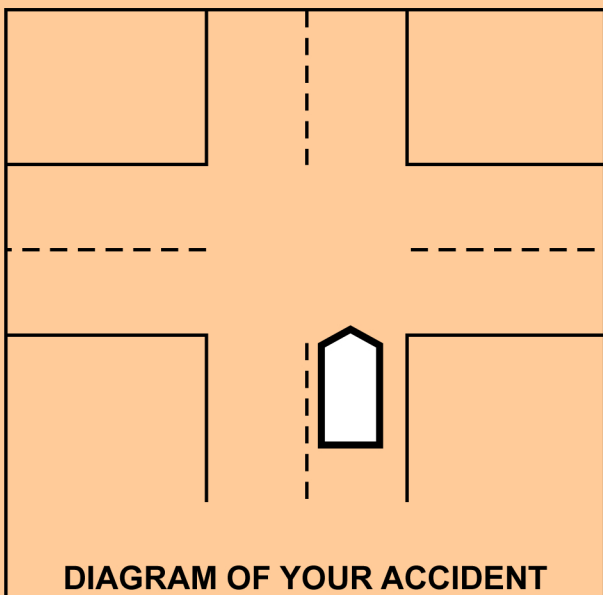
Address: \_\_\_\_\_

**MAHOWALD**  
INSURANCE AGENCY

# STOP

## DO NOT ASSUME GUILT

USE THE OTHER SIDE OF THIS  
CARD AND TAKE DOWN THE  
INFORMATION



DRAW OUT THE ACCIDENT AS  
YOU SAW IT

IS ANYONE HURT ?