

WORKSHEET FOR AUTOMOBILE TELEPHONE REPORTING

ACCOUNT INFORMATION

CALLER'S PHONE NUMBER & EXTENSION	CALLER'S TITLE AND NAME	GARAGE STATE (STATE WHERE VEHICLE IS GARAGED)
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SUBSIDIARY NAME AND ADDRESS

SUBSIDIARY MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

DID THE LOSS OCCUR AT THE LOCATION ADDRESS? (IF "NO", ADDRESS WHERE LOSS OCCURRED)

☐ YES ☐ NO

DATE AND TIME OF LOSS

FULL DESCRIPTION OF LOSS

PARENT COMPANY/INSURED'S NAME	LOCATION CODE	POLICY SYMBOL AND NUMBER
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INSURED VEHICLE AND INJURY INFORMATION

DOES INSURED OWN VEHICLE? (IF "NO", OWNER'S NAME, ADDRESS AND PHONE NUMBER)

INSURED VEHICLE YEAR, MAKE, MODEL, VEHICLE IDENTIFICATION NUMBER, PLATE STATE AND NUMBER

INSURED VEHICLE DRIVER NAME, ADDRESS, PHONE NUMBER, RELATIONSHIP TO THE INSURED, DATE OF BIRTH, DRIVER LICENSE STATE AND NUMBER

INSURED VEHICLE USED WITH PERMISSION?

WAS THE INSURED VEHICLE DAMAGED? (IF YES, DESCRIPTION OF DAMAGE)

IS THERE A WRITTEN ESTIMATE OR REPAIR/REPLACEMENT BILL FOR THE DAMAGE? IF YES, AMOUNT.

IS VEHICLE DRIVEABLE?	DID AIR BAG DEPLOY?
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ATTORNEY INFORMATION (IF REPRESENTED)

WAS ANYONE INJURED IN THE INSURED VEHICLE? IF YES, BE PREPARED TO PROVIDE THE FOLLOWING INFORMATION FOR EACH INJURED PERSON IN INSURED'S VEHICLE:

NAME

BUSINESS AND HOME PHONE NUMBERS

ADDRESS

RELATIONSHIP OF THE INJURED TO THE ACCIDENT (INSURED DRIVER, MEMBER OF INSURED HOUSEHOLD, GUEST IN INSURED VEHICLE, OR PEDESTRIAN)

DATE OF BIRTH

GENDER

DESCRIPTION OF INJURY

MEDICAL FACILITY (IF TREATMENT RECEIVED)

ATTORNEY INFORMATION (IF REPRESENTED)

OTHER'S PROPERTY DAMAGE AND INJURY INFORMATION**WAS ANY OTHER VEHICLE DAMAGED? IF YES, PROVIDE THE FOLLOWING INFORMATION:**

OWNER'S NAME

BUSINESS AND HOME PHONE NUMBERS

ADDRESS

DAMAGED VEHICLE INFORMATION (YEAR, MAKE, MODEL, VEHICLE IDENTIFICATION NUMBER, COLOR, PLATE STATE AND NUMBER)

DESCRIPTION OF DAMAGE

IS THERE A WRITTEN ESTIMATE OR REPLACEMENT/BILL FOR THE DAMAGE?
IF YES, AMOUNT

DID AIRBAG DEPLOY?

OTHER INSURANCE CARRIER INFORMATION (NAME AND POLICY NUMBER)

ATTORNEY INFORMATION (IF REPRESENTED)

WAS ANY OTHER PROPERTY DAMAGED? IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME

BUSINESS AND/OR HOME PHONE NUMBERS

ADDRESS

DESCRIPTION OF DAMAGED PROPERTY

LOCATION OF DAMAGED PROPERTY INCLUDING ADDRESS

IS A WRITTEN ESTIMATE OR REPAIR/REPLACEMENT BILL FOR THE DAMAGE AVAILABLE? IF YES, AMOUNT

ATTORNEY INFORMATION (IF REPRESENTED)

WAS ANYONE INJURED IN ANY OF THE OTHER VEHICLES INVOLVED? IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME

BUSINESS AND/OR HOME PHONE NUMBERS

ADDRESS

RELATIONSHIP OF THE INJURED TO THE ACCIDENT (DRIVER OR OCCUPANT OF OTHER VEHICLE, PEDESTRIAN)

DATE OF BIRTH

GENDER

DESCRIPTION OF INJURY

MEDICAL FACILITY (IF TREATMENT RECEIVED)

ATTORNEY INFORMATION (IF REPRESENTED)

WITNESSES (NAMES, ADDRESSES, AND PHONE NUMBERS)

AUTHORITIES (NAME, REPORT/CASE NUMBER, COUNTY, ANY VIOLATIONS/CITATIONS)

CONTACT INFORMATION

CONTACT NAME AND PHONE NUMBER, BEST TIME TO CONTACT AND WHERE TO CONTACT

ADDITIONAL NOTES/COMMENTS OR CUSTOMER SPECIFIC INFORMATION