

Auto Insurance Claim Worksheet

Gather the following information to make the claims process easier and faster.

Abou	t Your Vehicle	
	Make, model, year, VIN # (you can find all of this information on the Registration) Who was driving your car?	
	What is their (your) driver's license # and state of issue?	
_	What is their (your) contact information?	
	Street address, city, state, zip	
	 Phone (cell, daytime phone) 	
	o Email	
	Who owns the car?	
	What is their contact information?	
	 Street address, city, state, zip 	
	 Phone (cell, daytime phone) 	
	o Email	
	Were there any passengers in the car?	
	 List each with contact information 	
Abou	t the Other Vehicle	
	Make, model, year, VIN # (you can find all of this information on the Registration)	
	License Plate number and state	
	Insurance company and policy #	
☐ Who was driving the car?		
	o Full name	
	 Driver's license # and state of issue 	
	 Contact information: 	
	 Street address, city, state, zip 	
	 Phone (cell, daytime phone) 	
	o Email	
	Who owns the car?	
	o Full name	
	 Contact information: 	
	 Street address, city, state, zip 	
	 Phone (cell, daytime phone) 	
	o Email	

☐ Who were the passengers in the car?

	Date and time of accident Location (address or street and intersecting street) Conditions: Light: Daylight, Dusk, Dawn, Dark Weather: Rain, Snow, Clear, Fog Road Surface: Dry, Wet, Snow, Ice Highway: Divided, Undivided Number of lanes Speed limit	
	Posted speed limitYour speed	
	Other vehicle speed	
	o other vernice speed	
Desc	ription of Damage	
	Location of damage on your car?	
	Was your car towed?	
	If yes, where was it towed	
	Describe what happened	
Police Information Investigating Officer Badge Number Report Number List any citations		
Witnesses		
	Were there any witnesses (other than passengers)?	
	o List name, address, cell phone and daytime phone for each.	
Injuri	es	
-	Was anyone injured?	
_	o Driver?	
	 Passengers 	
	 Driver of other vehicle 	
	 Passengers in other vehicle? 	
	o Other?	