

Auto Physical Damage/Auto Liability Claim Report

Date _____

Name, Address and Phone No. of Member

Contact Person and Telephone

Date of Loss

Time of Loss

Certificate No. and Effective Dates

Facts of Accident

Member Vehicle

Claimant Vehicle

Year/Make/Model

VIN #

Location of Vehicle

Driver

Driver License No.

Lien Holder/Owner

Can Vehicle be Driven?

Was member vehicle used with permission? _____

List Any Injuries

List any Witnesses to Accident

Police Report No. and Name of Police Department

Name of Person Completing this Report

Submit two written estimates per damaged vehicle

**Note: State Report Required if Damages Equal \$500.00 or More
Within a 72 Hour Period.**