

Auto Accident Report Form

Name Insured: _____
Address of Named Insured: _____
Mobile Phone No.: _____ Work Phone No.: _____
Home Phone No.: _____
Email: _____

Policy Number: _____
Insurance Company: _____

Date of Loss: _____ Time: _____
Location of Loss: _____

Description of Loss: _____

Authorities Notified: _____
Citation Issued?: _____
Citation Issued to Whom & for What: _____

Insured Vehicle

Owner: _____ Birth Date: _____
Driver: _____ License No: _____
Driver's Phone No: _____
Address: _____
Vehicle Year, Make, Model: _____
VIN #: _____
Trailer Year, Make, Model: _____
Serial #: _____
Damages: _____
Passenger Name & Phone No.: _____

Claimant Vehicle

Owner: _____ Phone No.: _____
Address: _____ Birth Date: _____
Driver: _____ License No: _____
Address: _____ Soc. Sec.: _____
Vehicle: _____ Plate No.: _____
Vehicle Year, Make, Model, VIN #: _____

Damages to Vehicle: _____

Passenger Name & Phone No.: _____

Property Damaged: _____

Insurance Company & Policy No.: _____

Injured Party

Name: _____ Age: _____

Address: _____

Injury: _____

Injured Party

Name: _____ Age: _____

Address: _____

Injury: _____

Witness

Name: _____ Phone No.: _____

Was witness in Insured Vehicle Other Vehicle or a Pedestrian?

Witness

Name: _____ Phone No.: _____

Was witness in Insured Vehicle Other Vehicle or a Pedestrian?

Report Prepared & Submitted to Agency by: _____

Date: _____

Phone No. of Person Preparing this report: _____

Email your completed report to: contactus@seibertkeck.com.