

Claimant Statement

Name: _____

Address: _____

Phone Number: _____ Date/Time of Incident: _____

Driver's License Number: _____ (attach copy, if applicable)

Date of Birth: _____ Email: _____

Estimated Cost to repair: _____

PROPERTY DAMAGE ONLY (must attach two (2) estimates)

Injury: YES NO (circle one) Medical Treatment Sought: YES NO (circle one)

Medical Provider Name & Address: _____

Type of Injury: _____

Property Damaged incl year/make/model when applicable: _____

Detailed Account of Incident:

Location of Incident: _____

Signature (parent/guardian if minor child)

Date