

Automobile Accident Claim Reporting Form

Office Use:
Client Code _____

Today's Date: _____ Policy No.: _____

Named Insured (Include DBA if applicable): _____

Mailing Address of Insured: _____

Contact Name: _____ Phone No.: _____

Email Address: _____

Date of Loss: _____ **Time of Loss:** _____

Insured Driver Name: _____ Driver Phone No.: _____

Insured Vehicle Involved (Year, Make & Model): _____

Insured Vehicle License Plate no.: _____

What happened: _____

Describe Damage to the Insured Vehicle: _____

Location of Accident (Address or Cross Street, incl City & State): _____

Child car seat in the insured vehicle? Yes No

Any injuries? Yes No If so, Injured Name: _____

Phone No.: _____ Description/Extent of Injuries: _____

Were Emergency Services Rendered? Yes No Any Additional Injuries? Yes No

Is there a Police Report? Yes No Dept. Name: _____ Report No.: _____

Other Party: **Vehicle:** Year: _____ Make: _____ Model: _____

Driver Name: _____ Phone No.: _____

Address: _____

Registered Owner if different: Name: _____ Phone No.: _____ Address: _____

Additional Vehicles involved? Yes No

Other Vehicle Insurance Information (Carrier / Policy Number / Agent or Broker Name):

Witness Information: Name: _____ Phone No.: _____

Address: _____

Witness Statement: _____

Reported By: _____ Phone No.: _____

Title: _____ Date: _____

Email to claims@pennbrookins.com

Pennbrook Insurance Services, Inc.
P.O. Box 26849 San Francisco, CA 94126-6849
T. (415)820-2200 • F. (415)394-8332
License # 0622553
www.pennbrookinsurance.com