



Automobile Liability Claim Reporting Form

Name of Person Reporting Claim:

Address Information:

Resort:

Address:

City:

Location code:

State:

Zip:

Policy Number:

Department (e.g., Valet):

Accident Description:

Date of Accident:

Time of Accident:

am pm

Location where incident occurred:

Street:

City:

Country:

State: Zip:

Weather Conditions:

Describe Accident: Draw map if that will help clarify the explanation - your vehicle should be labeled VEH #1 - the other vehicle(s) should be labeled VEH #2, and so on. Note the direction of travel. Also, note if Drivers and Passengers involved in the accident were wearing seatbelts.

Vehicle #1 (Resort)

Driver/Employee:

Address:

City/State/Zip:

Phone:

Driver's License #:

State of Issue: Age:

 male female

Date Employed:

Nature of business:

Company Personal

Ownership:

Company/Lease Personal

VEHICLE INFORMATION

Make/Model/Year:

Licence #/State:

Estimated Damage (\$/description):

INJURIES SUSTAINED

Name:

Address:

City/State:

Phone:

Age: male female

Description of Injuries:

WITNESS INFORMATION

Name:

Vehicle #2

Driver:

Address:

City/State/Zip:

Phone:

Driver's License #:

State of Issue: Age:

 male female

Owner's Name:

Owner's address:

City/State/Zip:

Phone:

VEHICLE INFORMATION

Make/Model/Year:

Licence #/State:

Estimated Damage (\$/description):

INJURIES SUSTAINED

Name:

Address:

City/State:

Phone:

Age: male female

Description of Injuries:

WITNESS INFORMATION

Name:

