

SUTTER INSURANCE AUTOMOBILE CLAIM REPORT

Today's Date: _____ Canceled Date: _____

Reported By: _____ Phone: _____

Policy Number: _____ Effective From: _____ To: _____

***Coverage Information:**

Bodily Injury Property Damage Medical Payments Comp/Coll. Ded. UIM

* Loss Payee: _____

* Producer Name: _____ Code: _____

LOSS INFORMATION

Date of Loss: _____ Time: _____ AM PM

Location of Accident: _____
(Including City and State)

Description of Accident:

Police Department & Report No.: _____

INSURED'S INFORMATION

Name: _____

Address: _____

Contact No. (H): _____ (W) _____ Email: _____

Insured Vehicle No.: _____ Year: _____ Make: _____ Plate: _____ VIN: _____

What part of vehicle was damaged? _____

Towed? Estimate \$ _____

Where can vehicle be seen? (eg. residence, tow yard?) _____

Registered Owner of

Above Vehicle: Name: _____

Address: _____

Contact No.: (H) _____ (W) _____

Driver of Above

Vehicle: Name: _____

Address: _____

Contact No.: (H) _____ (W) _____

DOB: _____ CDL: _____

Add'l Vehicle (i.e. trlr): Year: _____ Make: _____ Plate: _____

VIN: _____

OTHER PARTY/CLAIMANT INFORMATION:

Vehicle Description:: Year: _____ Make: _____ Plate: _____ VIN: _____

What part of vehicle was damaged? _____

Towed? Estimate \$ _____

Where can vehicle be seen? (eg. residence, tow yard?) _____

Insurance Company: _____ Policy No.: _____

Registered Owner of Above Vehicle: Name: _____

Address: _____

Contact No.: (H) _____ (W) _____

Driver: Name: _____

Address: _____

Contact No.: (H) _____ (W) _____

DOB: _____ CDL: _____

Add'l Vehicle (i.e. trlr): Year: _____ Make: _____ Plate: _____ VIN: _____

INJURY INFORMATION O/I O/P

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Extent of Injuries: _____

INJURY INFORMATION O/I O/P

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Extent of Injuries: _____

WITNESS OR PASSENGER INFORMATION

Witness: Name: _____ Phone: _____

Passenger O/I Vehicle: Name: _____ If Child-age _____

Name: _____

O/P Vehicle: Name: _____

Name: _____ If Child-age _____

Were there any car seats in your vehicle that were damaged at the time of the accident? Yes No

Were the car seats in use by a child during the accident? Yes No

Additional Information: _____

Taken By: _____