

CLAIM FOR DAMAGES OR INJURY

AAAA-1 AAA AGENCY
1234 56TH AVENUE SOUTH
FOGARTYVILLE, MASSACHUSSETTS 12345

GENERAL INFORMATION

1. Claimant--

(a) Full name: _____

(b) Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

(c) Age: _____ (d) Marital status: _____

2. If claimant is married, name and address of spouse:

AMOUNT OF CLAIM

3. Amount claimed for property damage: _____

4. Amount claimed for personal injury: _____

5. Total amount claimed: _____

ACCIDENT RESULTING IN CLAIM

6. Place of accident (include town or city and state; if outside city limits, indicate distance to nearest city or town):

7. Date and time of accident: _____

(a) Day of week: _____

(B) Date: _____

(C) Time: _____

8. Description of accident

(a) Names and addresses of persons involved: _____

(b) Identification of property involved: _____

(c) Surrounding circumstances: _____

(d) Cause of accident: _____

(e) Other pertinent facts: _____

9. Name and addresses of witnesses to accident: _____

PROPERTY DAMAGE AND PERSONAL INJURY

10. Property damage

(a) Description of property damaged: _____

(b) Present location: _____

(c) Name and address of owner, if other than claimant: _____

(d) Nature of damage: _____

(e) Extent of damage: _____

11. Personal injury

(a) Nature of injury: _____

(b) Extent of injury: _____

INSURANCE COVERAGE

12. Collision insurance

(a) Does claimant carry collision insurance? [If yes, answer (b)-(f) below]

(b) Name and address of insurer: _____

(c) Policy No.: _____

(d) Has claimant filed claim against insurer in this instance?

(e) If claim has been filed, is coverage for full amount of loss?

If not full coverage, amount deductible: _____

(f) If claim has been filed, action taken or proposed to be taken by insurer with respect to claim:

13. Public liability and property damage insurance

(a) Does claimant carry public liability and property damage coverage?

_____ [If yes, answer (b) below]

(b) Name of insurer: _____

I declare under the penalty of perjury that the amount of this claim covers only damages and injuries caused by the accident described above. I agree to accept that amount in full satisfaction and final settlement of this claim.

Dated: _____

Signature