



# CLAIMANT REPORT FORM

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE

CLAIMANT	PHONE NUMBER	POLICY NUMBER	CLAIM NUMBER

YOUR CAR: Make/Model of car \_\_\_\_\_ Year \_\_\_\_\_ Body Type \_\_\_\_\_ Plate# \_\_\_\_\_  
 Owner \_\_\_\_\_ Date of Birth \_\_\_\_\_ VIN \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Driver (if different than owner) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relation to owner \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Ph.# \_\_\_\_\_  
 Driver's License No.(s): Owner \_\_\_\_\_ (State) \_\_\_\_\_ Driver \_\_\_\_\_ (State) \_\_\_\_\_  
 For what purpose was car being used at time of accident? (be specific) \_\_\_\_\_

Describe damages to your car \_\_\_\_\_

Current Location of your car \_\_\_\_\_

Estimate of repairs \$ \_\_\_\_\_ (please attach a copy) Is car financed? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

Did anyone suffer injuries? \_\_\_\_\_ If yes, please complete Bodily Injury section on the back.

Number of occupants in your car (including the driver) \_\_\_\_\_

OTHER CAR: Make/Model of car \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Body Type \_\_\_\_\_ Plate# \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_ Ph.# \_\_\_\_\_

Driver \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_ Ph.# \_\_\_\_\_

Driver's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Describe damages to car \_\_\_\_\_

Did they have insurance? \_\_\_\_\_ If yes, what company \_\_\_\_\_

TIME, PLACE, AND FACTS: Date of accident \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_:\_\_\_\_ A.M. P.M. Daylight - or - Dark? \_\_\_\_\_

Location of accident \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Was view of either party obstructed? \_\_\_\_\_ If Yes, by what? \_\_\_\_\_

Type of Road \_\_\_\_\_ Wet or Dry \_\_\_\_\_ Weather \_\_\_\_\_

Your direction \_\_\_\_\_ on what street \_\_\_\_\_ His/Her direction \_\_\_\_\_ on what street \_\_\_\_\_

When you first saw other party what was your speed? \_\_\_\_\_ Other party's \_\_\_\_\_

When collision occurred what was your speed? \_\_\_\_\_ Other party's \_\_\_\_\_

Where were you when you first saw other party? \_\_\_\_\_

Where was other party when you first saw him/her? \_\_\_\_\_

Which vehicle entered the intersection first? \_\_\_\_\_

Did you have stop sign -or- traffic light? \_\_\_\_\_ Other party \_\_\_\_\_

Did you fail to observe stop sign -or- traffic light? \_\_\_\_\_ Other party \_\_\_\_\_

What signals did you give? \_\_\_\_\_ Other party \_\_\_\_\_

What lights did you have on? \_\_\_\_\_ Other party \_\_\_\_\_

Had you been drinking alcohol? \_\_\_\_\_ Other party \_\_\_\_\_

Had you been taking any prescribed medication? \_\_\_\_\_ If yes, please list \_\_\_\_\_

Had you been taking any illegal substances? \_\_\_\_\_ If yes, please list \_\_\_\_\_

Were you ticketed for any traffic violation? \_\_\_\_\_ If yes, list violation(s) \_\_\_\_\_

Was the other party ticketed for any traffic violation? \_\_\_\_\_ If yes, what was the violation(s) \_\_\_\_\_

Did you admit fault for accident? \_\_\_\_\_ Other party \_\_\_\_\_

Was accident reported to police? \_\_\_\_\_ If yes, city the station is located \_\_\_\_\_

Was anything said about responsibility for accident? \_\_\_\_\_ If yes, What, when and by whom? \_\_\_\_\_

OTHER THAN DRIVER, LIST ALL OCCUPANTS OF YOUR CAR BELOW:

Name	Age	Address	Phone

OTHER THAN DRIVER, LIST ALL OCCUPANTS OF THE OTHER CAR BELOW:

Name	Age	Address	Phone

OTHER THAN PASSENGERS ALREADY INDICATED, LIST BELOW ALL WITNESSES TO THE ACCIDENT:

Name	Age	Address	Phone

BODILY INJURY: List below ALL persons injured in the accident:

Name	Age	Sex	Address	Phone
Describe Injuries:				
Where taken:			Doctor:	Address:
Name	Age	Sex	Address	Phone
Describe Injuries:				
Where taken:			Doctor:	Address:

OTHER INSURANCE: Do you have coverage for Collision, Liability, Hospitalization, or Doctor's Bills? \_\_\_\_\_ If yes, please list the Companies and coverages. \_\_\_\_\_

IMPORTANT: Describe in your own words how the accident happened.

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Please diagram, names of streets, directions and location of objects concerned, and TRAFFIC SIGNALS and STOP SIGNS. Mark your car "A", other car "B", showing point of impact and where vehicles stopped after collision. Put in any helpful information.

**FRAUD WARNING:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

I swear that the information contained in the above statement is complete, true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Signature of Driver \_\_\_\_\_

USE AN ADDITIONAL SHEET OF PAPER, and attach, IF MORE SPACE is needed for any question.