

To report a AUTOMOBILE LOSS, online
www.firemansfund.com
or 24-Hour Claims Reporting, call
1.888.FIREHAT (1.888.347.3428)



Automobile Accident Worksheet

IMMEDIATE REPORTING IS CRITICAL – Do not delay in calling, even if you do not have all of the following information.

General Information _____ Date and Time of Loss _____ Policy Number _____

Insured's Name, Address, Phone Number, Email & Available Time (include zip, state and county) _____ Location Code (if applicable) _____

Insured Vehicle Information – Company Car Owned Vehicle Borrowed Vehicle Rental Other

Vehicle Year, Make & Model _____ VIN (Vehicle Identification Number) _____ Plate State and Number _____

Owner's Name, Address, Phone Number, Email & Available Time _____

Damage Information _____ Estimate Amount _____

Damage Description _____ Current Vehicle Location _____

When It Can Be Viewed – _____ If Other Insurance on Vehicle – Provide Policy Number _____

Driver Information _____

Driver's Name, Address, Phone Number, Email & Available Time – *Check if same as owner* _____ Relation To Insured _____

Date of Birth _____ Gender Male Female _____ Driver's License State & Number _____ Driver Injured Yes No _____

Accident Information _____

Location of Accident (include city, state, county and zip) _____ Description of Accident _____

Authorities Involved (Sheriff, Police, Highway Patrol)? Yes No _____ Report Number (if known) _____ Citations Issued? Yes No _____

Other Property Damage Information _____

Other Property Damage? Yes No _____ Describe Property (if vehicle include year, make, model) _____

If Another Vehicle Involved, Provide Driver Information – Name, Address, Phone, Email, Date of Birth, Driver's License Number & State _____

Owner's Name, Address, Phone Number, Email & Available Time _____

Description and Estimated Amount of Damage _____ Where/When Can Property Be Seen? _____

Insurance Company Name and Policy Number _____

Other Parties Involved Information _____

Name, Address, Phone Number, Email & Available Time of Injured Party _____ Age _____ Gender Male Female _____

Injury Description _____

Witness Information _____

Witnesses? Yes No _____ If Yes, Provide Witness(es) Name, Address, Phone Number & Email (if known) – use the back _____

Case # Assigned: _____