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AUTO/TRUCK CLAIMS REPORTING FORM

INSURED PARTY

INSURED'S NAME:

INSURED'S ADDRESS:

INSURED'S PHONE #: _____

VEHICLE INFORMATION:

YEAR/MAKE/MODEL _____

VIN #: _____

LOCATION OF VEHICLE:

DESCRIPTION OF DAMAGE:

WHERE CAN DAMAGED VEHICLE BE SEEN?: _____

DRIVER'S NAME: _____

DRIVER'S ADDRESS:

LICENSE # & STATE: _____

DATE OF BIRTH: _____

PHONE #: _____

DATE OF LOSS: _____

CLAIMANT #1

CLAIMANT'S NAME:

CLAIMANT'S ADDRESS:

INSURED'S PHONE #: _____

VEHICLE INFORMATION:

YEAR/MAKE/MODEL _____

VIN #: _____

LOCATION OF VEHICLE:

DESCRIPTION OF DAMAGE:

WHERE CAN DAMAGED VEHICLE BE SEEN?: _____

DRIVER'S NAME: _____

DRIVER'S ADDRESS:

LICENSE # & STATE: _____

DATE OF BIRTH: _____

PHONE #: _____

DATE OF LOSS: _____

CLAIMANT #2

CLAIMANT'S NAME:

CLAIMANT'S ADDRESS:

INSURED'S PHONE #: _____

VEHICLE INFORMATION:

YEAR/MAKE/MODEL _____

VIN #: _____

LOCATION OF VEHICLE:

DESCRIPTION OF DAMAGE:

WHERE CAN DAMAGED VEHICLE BE SEEN?: _____

DRIVER'S NAME: _____

DRIVER'S ADDRESS:

LICENSE # & STATE: _____

DATE OF BIRTH: _____

PHONE #: _____

DATE OF LOSS: _____

CLAIMANT #3

CLAIMANT'S NAME:

CLAIMANT'S ADDRESS:

INSURED'S PHONE #: _____

VEHICLE INFORMATION:

YEAR/MAKE/MODEL _____

VIN #: _____

LOCATION OF VEHICLE:

DESCRIPTION OF DAMAGE:

WHERE CAN DAMAGED VEHICLE BE SEEN?: _____

DRIVER'S NAME: _____

DRIVER'S ADDRESS:

LICENSE # & STATE: _____

DATE OF BIRTH: _____

PHONE #: _____

DATE OF LOSS: _____

LOCATION OF LOSS: _____

WERE THE POLICE CONTACTED?: YES _____ NO _____

CASE # ASSIGNED: _____

DESCRIPTION OF ACCIDENT: _____

OTHER COMMENTS: _____
