



# Auto Claims Reporting Form

## 1. Member information

Member name		Contact person	(First) (Middle) (Last)
Contact phone number		Contact email	
Driver's name	(First) (Middle) (Last)	Driver's license Number	
AMSC schedule number		Vehicle description	
VIN		Passenger(s)	Yes No
If yes, name(s)	(First) (Middle) (Last)	Phone number(s)	
	(First) (Middle) (Last)	Phone number(s)	

## 2. Third party information

Registered owner's name	(First) (Middle) (Last)	Registered owner's phone no.	
Vehicle description		Driver's name (if different from owner)	(First) (Middle) (Last)
Driver's license number		Insurance company	
Insurance policy		Passenger(s)	Yes No
If yes, name(s)	(First) (Middle) (Last)	Phone number(s)	
	(First) (Middle) (Last)	Phone number(s)	

## 3. Loss information

Date of loss (MM/DD/YYYY)		Loss location (address)	
Weather condition			

## 4. Injury and damage

	Member driver		Third party driver	
Estimate of damages	\$		\$	
Injuries	Yes	No	Yes	No
If yes, describe				
Seat belt worn	Yes	No	Yes	No
Was the driver under the influence of medication, alcohol, or drugs	Yes	No	Yes	No
If yes, list				
Police case file number				
Police report attached	Yes	No	Yes	No
Statement attached	Yes	No	Yes	No

