

Insurance Incident Report – Property/Vehicle Damage

Claimant	Name: _____	Home Phone # _____
	Address: _____	Cell Phone # _____
		E-Mail _____
Time, Place & Nature of Incident	Date of Incident: _____	Time: _____ a.m. / p.m.
	Exact Place of Incident: _____	

	Police Report Filed: Yes No	Report Number: _____
Description of Property or Vehicle (Year, Make, Model, Serial Number, Plate Number/State)	Claimants: _____	
	Insurance Company: _____	Policy No: _____
	Yours: _____	
	Your Driver Name: _____	Phone # _____
Description of what happened (Describe as completely and thoroughly as possible)	_____	

	*Medical Treatment Needed? Yes No If yes, who was treated: _____	

Driver of Claimant Vehicle (If not same as Owner)	Name: _____	Phone # _____
	Address: _____	License # _____ State _____
		E-Mail _____
Witness	Name: _____	Home Phone # _____
	Address: _____	Cell Phone # _____
		E-Mail _____
Individual Completing Report	Name: _____	Phone # _____
	Address: _____	Cell Phone # _____
		E-Mail _____
	Relationship to owner: _____	

***In the event of an injury to an *employee*, please contact your Workers' Compensation carrier directly.**

REMEMBER:

- Make no statement to anyone except the police, your company representative or your company's insurance representative/agent.
- Do not admit liability or fault to anyone.
- Do not sign anything except official police report.
- Make no settlements.
- Do not argue about the accident/incident.
- Notify your employer of the accident/incident as soon as possible.

Please fax the completed form to Carey, Richmond & Viking at 401-683-7329 or e-mail to info@blueblanket.com