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| **School District Automobile New Claim Report** |
| Registered Owner: | Your Ref # (Plate #):  | Date of Report: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Contact:  | Email: | Phone:  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Driver Name: | Driver License:  |
| Click here to enter text. | Click here to enter text. |
| Address: | Phone:  |
| Click here to enter text. | Click here to enter text. |
| Email: |
| Click here to enter text. |
| Vehicle Plate: | If NOT drivable, indicate current location:  |
| Click here to enter text. | Click here to enter text. |
| Damage: | Shop Name/location: |
| Click here to enter text. | Click here to enter text. |
| Passenger(s): | Passenger phone/email: |
| Click here to enter text. | Click here to enter text. |
| **Other Parties Involved** (if more than 1 other party involved, please attach supplement with info) |
| Registered Owner: | Phone: |
| Click here to enter text. | Click here to enter text. |
| Driver: | Driver License: |
| Click here to enter text. | Click here to enter text. |
| Address: | Phone: |
| Click here to enter text. | Click here to enter text. |
| Email: |
| Click here to enter text. |
| License Plate: | Province/State: | Policy/Claim #: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Insurance Company | Phone: |
| Click here to enter text. | Click here to enter text. |
| Damage: | Police Report # |
| Click here to enter text. | Click here to enter text. |
| Witness: | Phone: |
| Click here to enter text. | Click here to enter text. |

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| **Accident Description** |
| Date & Time of Accident: | Click here to enter text. |
| Click here to enter text. |



* If diagram is insufficient, please draw your own on a separate page and submit with report
* Please attach any additional documents (police reports, scene or damage photos, statements)

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| **Completed by:** Click here to enter text. |
| **Date:** Click here to enter text. |