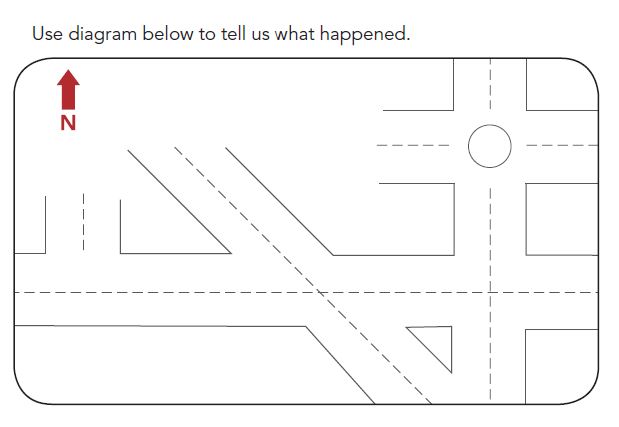
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School District Automobile New Claim Report** | | | | |
| Registered Owner: | | Your Ref # (Plate #): | | Date of Report: |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. |
| Contact: | | Email: | | Phone: |
| 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. | |

|  |  |
| --- | --- |
| **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)

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