

AEGIS INSURANCE SERVICES, INC.
5755 NORTH POINT PARKWAY, #277
ALPHARETTA, GA 30022
770-360-5565 PHONE
770-667-8348 FAX

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:

CLAIMANT'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:

CLAIMANT'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:

CLAIMANT'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: _____
