

Peterman Company Automobile Claim Report

Insured (Company) Name:

Date and time of Loss:

Location of Loss:

Insured's Vehicle Involved (Year, Make, Model, Last 5 of VIN):

Insured's Driver:

Owner:

Describe damage to insured vehicle:

Where is insured's vehicle now:

Other Vehicle:

Other Driver:

Name, address & phone

Owner:

Describe damage to other vehicle:

Other Insurance Company Name & Phone:

Policy Number:

Claim Number:

Police Reported to:

Police Phone Number:

Report Number:

Injuries?

Description of Loss:

Contact for Insured: Name & Phone:

Witness?

Other notes or comments:

After completing this form please fax it back to Sue Ann Sowinski at (215) 628-2786. Thank you!