VIDAL&RODRÍGUEZ
INSURANCE BROKERS

AUTO INCIDENT REPORT FORM

Please complete form and fax or email to our Claims Department along with any attachments.

INSURED INFORMATION		
Named Insured:		Contact Name:
Mailing Address:		
Email Address:		Store Number (if applicable):
Phone: ( ) -	Fax: ( ) -	Other: ( ) -

POLICY INFORMATION	
Insurance Company:	Policy Number:
Policy Period: From to	

ACCIDENT INFORMATION				
Date of Loss:			Time of Loss:	
Location of Loss:				
Type of Loss:	☐ Collision	☐ Comprehensive	☐ Property Damage	☐ Bodily Injury
Description of Loss:				
Authority Notified:			Report Number (if any):	
Officer's Name:			Badge Number:	

YOUR VEHICLE				
Year:	Make:	Model:	VIN:	Plate:
Owner:		Driver:	License Number:	
Bank (if any):				
Description of Vehicle Damage (if available):				
Estimated Amount of Damages ($):				

AUTO INCIDENT REPORT FORM *(continued)*

CLAIMANT(S)							
#1	Name:				Phone: ( ) -		
Mailing Address:							
Email Address:							
Year:		Make:	Model:	VIN:		Plate:	
Owner:			Driver:		License Number:		
Description of Bodily Injury and/or Property Damage:							
Estimated Amount of Damages ($):							
#2	Name:				Phone: ( ) -		
Mailing Address:							
Email Address:							
Year:		Make:	Model:	VIN:		Plate:	
Owner:			Driver:		License Number:		
Description of Bodily Injury and/or Property Damage:							
Estimated Amount of Damages ($):							
#3	Name:				Phone: ( ) -		
Mailing Address:					Email Address:		
Year:		Make:	Model:	VIN:		Plate:	
Owner:			Driver:		License Number:		
Description of Bodily Injury and/or Property Damage:							
Estimated Amount of Damages ($):							

WITNESSES (If Available)	
Name:	Contact Information:
Name:	Contact Information:

ADDITIONAL REMARKS / COMMENTS	
Reported by:	Date: