

**Seguro de Automóvil**

# Folleto 10

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## **Ejemplo de un Formulario de Reclamaciones**

**(Por favor, vea las hojas adjuntas)**

# SAMPLE Automobile Claim Form



CSR name \_\_\_\_\_ CSR Ext \_\_\_\_\_

Called In By: \_\_\_\_\_ Caller's Phone # \_\_\_\_\_

**Policy Information**

PH's Name: \_\_\_\_\_ Policy Number \_\_\_\_\_  
First Name Middle Initial Last Name Region State Prefix Six Digit Policy Number

PH Address \_\_\_\_\_ PH Home Phone \_\_\_\_\_  
 \_\_\_\_\_ PH Business Phone \_\_\_\_\_

PH City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Cell Pager Other \_\_\_\_\_

PH County \_\_\_\_\_ Email: \_\_\_\_\_

**Loss Information**

Was V1 Owner Injured?  Yes  No Extent of Injuries: \_\_\_\_\_  DER  Dr.  Hosp  Other

No. Passengers In PH Vehicle? \_\_\_\_\_ *All injured parties in PH vehicle other than the owner should be recorded on a Claimant Section*

Date of Loss \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Loss \_\_\_\_:\_\_\_\_ AM PM

Loss Location/Cross Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**Number of Vehicles:** \_\_\_\_\_ **Loss Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police Rpt.?  Yes  No  State  County  City Report # \_\_\_\_\_ Violation?  PH  CLT Charged with? \_\_\_\_\_

**Policyholder's Vehicle:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Damage Collision  Comp(FTC)

LF FE RF Flood

Model \_\_\_\_\_

Color \_\_\_\_\_ LS Top RS Fire

Tag# \_\_\_\_\_ State \_\_\_\_\_ LR RE RR Glass

Driveable?  Yes  No Other \_\_\_\_\_

Seat Belts in Use?  Yes  No Air Bags Deploy?  Yes  No

Where can Vehicle be seen? \_\_\_\_\_

**V1 Driver Information** (complete only if different from the person above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

**Claimant Information**

**Claimant #1 Name** \_\_\_\_\_  
 Owner  Driver  Passenger

Claimant Address \_\_\_\_\_

Claimant City \_\_\_\_\_

Claimant State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Alternate Contact Info: \_\_\_\_\_ Cell Pager Other \_\_\_\_\_

Injured?  No  Yes Extent of Injury \_\_\_\_\_

Hospital/Dr./Misc. \_\_\_\_\_

**Claimant #2 Name** \_\_\_\_\_  
 Owner  Driver  Passenger

Claimant Address \_\_\_\_\_

Claimant City \_\_\_\_\_

Claimant State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Alternate Contact Info: \_\_\_\_\_ Cell Pager Other \_\_\_\_\_

Injured?  No  Yes Extent of Injury \_\_\_\_\_

Hospital/Dr./Misc. \_\_\_\_\_

**Claimant #1 Vehicle Information**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Damage \_\_\_\_\_

LF FE RF

Model \_\_\_\_\_

Color \_\_\_\_\_ LS Top RS

Tag# \_\_\_\_\_ State \_\_\_\_\_ LR RE RR Other \_\_\_\_\_

Driveable?  Yes  No

Seat Belts in Use?  Yes  No Air Bags Deploy?  Yes  No

Driver's Name: \_\_\_\_\_

Where can Vehicle be seen? \_\_\_\_\_

**Claimant #2 Vehicle Information**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Damage \_\_\_\_\_

LF FE RF

Model \_\_\_\_\_

Color \_\_\_\_\_ LS Top RS

Tag# \_\_\_\_\_ State \_\_\_\_\_ LR RE RR Other \_\_\_\_\_

Driveable?  Yes  No

Seat Belts in Use?  Yes  No Air Bags Deploy?  Yes  No

Driver's Name: \_\_\_\_\_

Where can Vehicle be seen? \_\_\_\_\_

Witness/Comments: \_\_\_\_\_

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