



Automobile Claim Reporting Worksheet and Guide



DO NOT DELAY IN REPORTING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS.
PLEASE EMAIL YOUR COMPLETED FORM TO first.report@travelers.com OR CALL 1.800.238.6225.

ACCOUNT INFORMATION		
PREPARER'S PHONE NUMBER & EMAIL ADDRESS	PREPARER'S NAME AND TITLE	GARAGE STATE (STATE WHERE VEHICLE IS GARAGED)
SUBSIDIARY (COMPANY) NAME AND ADDRESS		
SUBSIDIARY (COMPANY) MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
DID THE LOSS OCCUR AT THE LOCATION ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ADDRESS WHERE ACCIDENT OCCURRED		
DATE AND TIME OF LOSS		
BRIEF DESCRIPTION OF LOSS		
PARENT COMPANY/INSURED'S NAME	LOCATION CODE	POLICY SYMBOL AND NUMBER
INSURED VEHICLE		
DOES INSURED OWN VEHICLE? (IF "NO", OWNER'S NAME, ADDRESS AND PHONE NUMBER)		
INSURED VEHICLE YEAR, MAKE, MODEL, VEHICLE IDENTIFICATION NUMBER, PLATE STATE AND NUMBER		
INSURED VEHICLE DRIVER NAME, ADDRESS, PHONE NUMBER, RELATIONSHIP TO THE INSURED, DATE OF BIRTH, DRIVER LICENSE STATE AND NUMBER		
WAS THE INSURED VEHICLE DAMAGED? (IF YES, DESCRIPTION OF DAMAGE)		
IS THERE A WRITTEN ESTIMATE OR REPAIR/REPLACEMENT BILL FOR THE DAMAGE? IF YES, AMOUNT.		
IS VEHICLE DRIVEABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID AIR BAGS DEPLOY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ATTORNEY INFORMATION (IF REPRESENTED)		

**WAS ANYONE INJURED IN THE INSURED VEHICLE? IF YES,
PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH INJURED PERSON IN INSURED'S VEHICLE:**

NAME	
BUSINESS AND HOME PHONE NUMBERS AND EMAIL ADDRESS	
ADDRESS	
RELATIONSHIP OF THE INJURED TO THE ACCIDENT (INSURED DRIVER, MEMBER OF INSURED HOUSEHOLD, GUEST IN INSURED VEHICLE, OR PEDESTRIAN)	
DATE OF BIRTH	GENDER
DESCRIPTION OF INJURY	
MEDICAL FACILITY (IF TREATMENT RECEIVED)	
ATTORNEY INFORMATION (IF REPRESENTED)	

**OTHER'S PROPERTY DAMAGE AND INJURY INFORMATION
WAS ANY OTHER VEHICLE DAMAGED? IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

OWNER'S NAME	BUSINESS AND HOME PHONE NUMBERS AND EMAIL ADDRESS
ADDRESS	
DAMAGED VEHICLE INFORMATION (YEAR, MAKE, MODEL, VEHICLE IDENTIFICATION NUMBER, COLOR, PLATE STATE AND NUMBER)	
DESCRIPTION OF DAMAGE	
IS THERE A WRITTEN ESTIMATE OR REPLACEMENT BILL FOR THE DAMAGE? IF YES, AMOUNT	DID AIRBAGS DEPLOY? <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER INSURANCE CARRIER INFORMATION (NAME AND POLICY NUMBER)	
ATTORNEY INFORMATION (IF REPRESENTED)	

WAS ANY OTHER PROPERTY DAMAGED? IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

OWNER/BUSINESS NAME	BUSINESS AND HOME PHONE NUMBERS AND EMAIL ADDRESS
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OWNER/BUSINESS ADDRESS

DESCRIPTION OF DAMAGED PROPERTY

IS A WRITTEN ESTIMATE OR REPAIR/REPLACEMENT BILL FOR THE DAMAGE AVAILABLE? IF YES, AMOUNT

ATTORNEY INFORMATION (IF REPRESENTED)

WAS ANYONE INJURED IN ANY OF THE OTHER VEHICLES INVOLVED? IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME	BUSINESS AND HOME PHONE NUMBERS AND EMAIL ADDRESS
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ADDRESS

RELATIONSHIP OF THE INJURED TO THE ACCIDENT (DRIVER OR OCCUPANT OF OTHER VEHICLE, PEDESTRIAN)

DATE OF BIRTH	GENDER
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DESCRIPTION OF INJURY

MEDICAL FACILITY (IF TREATMENT RECEIVED)	ATTORNEY INFORMATION (IF REPRESENTED)
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WITNESSES (NAMES, ADDRESSES, AND PHONE NUMBERS)

AUTHORITIES - AMBULANCE/FIRE/POLICE (NAME, REPORT/CASE NUMBER, COUNTY, ANY VIOLATIONS/CITATIONS)

INSURED CONTACT INFORMATION

CONTACT NAME, PHONE NUMBER, EMAIL ADDRESS

ADDITIONAL NOTES/COMMENTS OR CUSTOMER SPECIFIC INFORMATION



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