#  LOGO_RSL-LA

# Automobile Claim Reporting Guide

Name of insured

Insert name here

Name of person reporting Telephone number For report only

Insert name here

 [ ]  Yes [ ]  No

Insert number here

### Accident Information

Date of accident Address where incident occurred

Insert date here

Insert address here

City State Zip code

Enter City

Enter zip code

Insert state

Please give a description of the incident

Were authorities contacted? (police, fire, ambulance) If yes, who

[ ]  Yes [ ] No

Enter text

Was a report number given? If yes, list number

[ ]  Yes [ ] No

Insert number here

### Insured Vehicle Information

### nformation

Name of Driver Daytime Telephone Number

Insert name here

Insert number here

Driver Home Address

Insert address here

City State Zip Code

Enter City

Insert state

Enter zip code

Date of Birth Driver’s License Number Relationship to Insured

Insert date here

Insert number here

Insert name here

Year Make Model Last 4 digits of VIN

Insert year.

Insert VIN

Insert Model

Insert Make

Description of Damage to Insured Vehicle (ie: operative/inoperative):

Enter description here

### Claimant Information

Name of Driver Daytime Telephone Number

Insert name here

Insert number here

Driver Home Address

Insert address here

City State Zip Code

Enter City

Insert state

Enter zip code

Year Make Model

Insert year.

Insert Model

Insert Make

Description of Damage to Insured Vehicle (ie: operative/inoperative):

Enter description here

### Passengers or Injuries

Injured Name Passenger Name

Insert name here

Insert name here

Injured Address Passenger Address

Insert address here

Insert address here

Injured Daytime Phone Passenger Daytime Phone

Insert number here

Insert number here

Insured Vehicle / Other Vehicle (circle one) Insured Vehicle / Other Vehicle (circle one)

### Witness information

### Other Property

Name of witness to the incident Telephone number of witness

Insert name here

Insert number here

Address of the witness

Insert address here

City State Zip Code

Enter City

Insert state

Enter zip code

Anything related to the incident you would like to add

##### **Please return to: Risk Services, The Leavitt Group Attn: Claims Department**

##### **By email:** rslclaims@leavitt.com **or via fax: 866-238-8294**