



**AUTOMOBILE CLAIM REPORT FORM**

**Policy #** \_\_\_\_\_

Location: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ a.m./p.m.  
 Police Department: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Location of Accident: \_\_\_\_\_  
 Description of Accident: \_\_\_\_\_

**INSURED VEHICLE:**

Year/Make/Model: \_\_\_\_\_  
 Plate: \_\_\_\_\_ VIN: \_\_\_\_\_  
 Driver Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Driver License Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Damage Area: \_\_\_\_\_ Amount: \_\_\_\_\_

**OTHER PARTY VEHICLE:**

Year/Make/Model: \_\_\_\_\_ Plate: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Damage Area: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_

**INJURIES:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Guest: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Describe Injury: \_\_\_\_\_

**WITNESS:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**WITNESS:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Email REPORT to:** Claims@RiskPointins.com  
**Any questions, call:** 971-282-4315

**PLEASE PUT NAME OF POLICY HOLDER IN SUBJECT LINE OF EMAIL**