

# Auto Claim Report

<b>YOUR COMPANY NAME:</b>				
<b>YOUR CONTACT INFORMATION:</b>				
<b>Name:</b>		<b>Address:</b>		
<b>Phone:</b>		<b>E-mail:</b>	<b>Fax:</b>	
<b>YOUR VEHICLE:</b>				
<b>Driver:</b>		<b>Phone:</b>		
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>		
<b>VIN# (required):</b>				
<b>Describe Damage:</b>				
<b>OTHER VEHICLE:</b>				
<b>Driver:</b>		<b>Driver's Lic #:</b>	<b>State:</b>	<b>Phone:</b>
<b>Owner:</b>				
<b>Address:</b>				
<b>Year:</b>		<b>Make:</b>		<b>Model:</b>
<b>License Plate #:</b>				
<b>Insurance Company:</b>			<b>Policy #:</b>	
<b>Describe Damage:</b>				
<b>ACCIDENT DETAILS:</b>				
<b>Date of Accident:</b>			<b>Time:</b> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
<b>Location:</b>				
<b>City:</b>				
<b>Tell In Your Own Way What Happened:</b>				
<b>INJURED PERSON:</b>				
<b>Name:</b>			<b>Phone:</b>	
<b>Check One:</b> <input type="checkbox"/> Your Vehicle <input type="checkbox"/> Other Vehicle				
<b>Describe Injuries:</b>				
<b>Name:</b>			<b>Phone:</b>	
<b>Check One:</b> <input type="checkbox"/> Your Vehicle <input type="checkbox"/> Other Vehicle				
<b>Describe Injuries:</b>				
<b>WITNESS &amp; POLICE:</b>				
<b>Name:</b>			<b>Phone:</b>	
<b>Name:</b>			<b>Phone:</b>	
<b>Police Department:</b>			<b>Report #:</b>	
<b>Reported by:</b>			<b>Today's Date:</b>	

Return this form to Arthur J. Gallagher when completed:

Fax: 415-536-4036

Phone: 415-546-9300

E-mail: [claims-sf@ajg.com](mailto:claims-sf@ajg.com)

Mail: 1255 Battery St., #450, San Francisco, CA 94111



Arthur J. Gallagher & Co.  
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