

PROTÉGÉ INSURANCE BROKERS, INC. ---- AUTO CLAIM FORM

Fax Form To: 619-275-2342

or

Email to: claim@protegebrokers.com

Ver 8/12

INSURED and DRIVER

1. Insured or Vehicle Owner's Name: _____

2. Address: _____

City: _____

State: _____

Zip: _____

Home #: _____

Cell #: _____

Work #: _____

Email: _____

3. Driver's Name: _____

4. Driver's Address: _____

City: _____

State: _____

Zip: _____

5. Driver's Lic # _____

DOB: _____

Relationship to Owner: _____

Home #: _____

Cell #: _____

Work #: _____

Email: _____

6. Insurance Carrier: _____

Policy #: _____

Agent (if Available): _____

Phone #: _____

7. Vehicle Year: _____

Make: _____

Model: _____

Damaged: ☐ Yes ☐ No

8. Vehicle License Plate or VIN #: _____

Describe Damage: _____

9. Passengers in Insured Vehicle

Name: _____

Address: _____

Injured? ☐ Yes ☐ No

Name: _____

Address: _____

Injured? ☐ Yes ☐ No

Name: _____

Address: _____

Injured? ☐ Yes ☐ No

DATE AND PLACE OF ACCIDENT

10. Date of Accident: _____

Time: _____

AM/PM

Police Report: _____

☐ Yes ☐ No

11. Location of Accident: _____

City: _____

State: _____

12. Was Insured Vehicle ☐ Moving

☐ Stopped in Traffic

☐ Parked

☐ Other

13. Purpose of the Trip _____

14. Direction of Insured Vehicle _____

on what street? _____

15. Direction of Other Vehicle _____

on what street? _____

16. When accident occurred, what was your rate of speed? _____

17. What was the other party rate of speed? _____

18. Who was at fault? _____

19. Describe Accident: _____

20. Anyone Injured? ☐ YES ☐ NO

List Names of Injured Party if Available: _____

Description of Injury? _____

21. Authorities Contacted? ☐ YES ☐ NO (Police, Fire Dept, Ambulance)

Which Department? _____

When? _____

OTHER PARTY INFORMATION

22. Vehicle Owner's Name: _____

23. Address: _____

City: _____

State: _____

Zip: _____

Home #: _____

Cell #: _____

Work #: _____

Email: _____

24. Driver's Name: _____

25. Driver's Address: _____

City: _____

State: _____

Zip: _____

26. Driver's Lic # _____

DOB: _____

Relationship to Owner: _____

Home #: _____

Cell #: _____

Work #: _____

Email: _____

27. Insurance Carrier: _____

Policy #: _____

Agent (if Available): _____

Phone #: _____

28. Vehicle Year: _____

Make: _____

Model: _____

Damaged: ☐ Yes ☐ No

29. Vehicle License Plate or VIN #: _____

Describe Damage: _____

ANY WITNESSES

☐ Yes ☐ No

31. Name: _____

Phone: _____

Address: _____

32. Name: _____

Phone: _____

Address: _____

Additional Information: _____

Insured Signature

Date