

TSC>DIRECT
Tri-State Consumer Insurance Company

REPORT OF AUTOMOBILE ACCIDENT, CLAIM or LOSS

Your Name: _____

Your Address (include City and State): _____

Telephone Number(s) of Person Reporting:

Home: _____

Work: _____

Cell: _____

Date of Report: _____

ACCIDENT INFORMATION

Date and Time of Accident: ____/____/____ _____ a.m. ____ p.m. ____

Address/Location of Accident (include City and State): _____

Description of the Accident: _____

Were the authorities (i.e., Police, Fire, Ambulance) contacted? Yes ____ No ____

If Yes, who was contacted? _____

Was a Report Number given? Yes ____ No ____

If Yes, list report number: _____

TSC>DIRECT
Tri-State Consumer Insurance Company

REPORT OF AUTOMOBILE ACCIDENT, CLAIM or LOSS

INSURED VEHICLE

Name of the Vehicle Driver: _____

Address of the Driver: _____

Driver's Telephone Numbers:

(home) _____

(work) _____

(cell) _____

Driver's Date of Birth: _____

Drivers License number and State of issue: _____

Name of the insured vehicle owner or leasor: _____

Address of the insured vehicle owner or leasor: _____

Insured vehicle owner telephone numbers:

(home) _____

(work) _____

(cell) _____

Vehicle Year, Make, Model, Color: _____

Purpose of use at time of accident: _____

Was the insured vehicle damaged? Yes ___ No ___

TSC>DIRECT
Tri-State Consumer Insurance Company

REPORT OF AUTOMOBILE ACCIDENT, CLAIM or LOSS

If Yes, describe damage: _____

Where is the insured vehicle currently located? _____

Was anyone in the insured vehicle injured? Yes ___ No ___

If Yes, list names, addresses, telephone numbers, and injuries of injured parties:

CLAIMANT INFORMATION-OTHER VEHICLE

Name of the Driver: _____

Address of the Driver: _____

Driver's Telephone Numbers:

(home) _____

(work) _____

(cell) _____

Driver's Date of Birth: _____

Driver's License number and State of issue: _____

Name of the Other Vehicle owner or leasor: _____

TSC>DIRECT
Tri-State Consumer Insurance Company

REPORT OF AUTOMOBILE ACCIDENT, CLAIM or LOSS

Address of the Owner of the other vehicle: _____

Other vehicle owner/ Telephone Numbers:

(home) _____

(work) _____

(cell) _____

Other vehicle Year, Make, Model, Color:

Was the other vehicle damaged? Yes ___ No ___

If Yes, describe damage: _____

Was anyone in the other vehicle injured? Yes ___ No ___

If Yes, list names, addresses, telephone numbers, and injuries of injured parties:

Other vehicle's insurance company:

Name: _____

Address: _____

Telephone No. _____

Named Insured: _____

TSC>DIRECT
Tri-State Consumer Insurance Company

REPORT OF AUTOMOBILE ACCIDENT, CLAIM or LOSS

Policy No. _____

Claim No. _____

PROPERTY DAMAGE INFORMATION-OTHER THAN VEHICLE

Was any other property (i.e., light pole, street sign, fence, house, store) damaged?

Yes ___ No ___

If Yes, describe the other property which was damaged: _____

Address where the other damaged property is located: _____

Describe the damage to the other property: _____

WITNESS AND PASSENGER INFORMATION

Name, address, and telephone number of any witness to the accident and of any passenger in one of the vehicles involved (please list each person separately; if a passenger please indicate in which vehicle the person was a passenger):
