

TSC>DIRECT

Tri-State Consumer Insurance Company

REPORT OF AUTOMOBILE ACCIDENT, CLAIM or LOSS

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Date of Report: _____

Your Name (Person Reporting): _____

Your Address: _____

Telephone Number:

(home) _____ (work) _____ (cell) _____

INSURED VEHICLE

Name of the insured vehicle owner or leasor: _____

Address of the insured vehicle owner or leasor: _____

Telephone Numbers:

(home) _____ (work) _____ (cell) _____

Email: _____

Policy No. _____

Vehicle Year, Make, Model, Color: _____

Vehicle Identification Number: _____

Name of the Vehicle Driver: _____

Address of the Driver: _____

Telephone Numbers:

(home) _____ (work) _____ (cell) _____

Email: _____

Driver's Date of Birth: _____

Drivers License number and State of issue: _____

Purpose of use at time of accident: _____

Was the insured vehicle damaged? Yes ___ No ___

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:

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CLAIMANT INFORMATION-OTHER VEHICLE

Address of the Owner of the other vehicle: _____

Telephone Numbers:

(home) _____ (work) _____ (cell) _____

Email: _____

Other vehicle Year, Make, Model, Color: _____

Name of the Driver: _____

Address of the Driver: _____

Telephone Numbers:

(home) _____ (work) _____ (cell) _____

Email: _____

Driver's Date of Birth: _____

Driver's License number and State of issue: _____

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 and Address: _____

Telephone No. _____

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 damage: _____

Address where the other damaged property is located: _____

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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):

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: _____

OTHER INFORMATION (please include any information relating to the accident, loss, damage, or claim which you would like to add or report): _____

Print Name: _____

Signature: _____

Date: _____