



Auto Claim Worksheet

Keep this worksheet handy to organize all the important information and phone numbers you need for your claim.

Policy Number: _____ **Claim Number:** _____

Claim Adjuster Name: _____

Claim Adjuster Phone Number: _____

Accident/Loss Information

Date: _____ **Time:** _____

Location: _____

Who else was involved?

Name of other Driver: _____ **Phone:** _____

Address: _____

Name(s) & phone number(s) of other passengers: _____

Their Insurance company: _____ **Phone:** _____

Address: _____

Your Claims Reps

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Your Repair Shop

Name: _____ **Phone:** _____

Address: _____

Contact: _____

Your Rental Car

Name: _____ **Phone:** _____

Address: _____

Contact: _____