



Claim Worksheet

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

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

Claim Adjuster Name: _____

Claim Adjuster Phone Number: _____

Incident Information

Date: _____ **Time:** _____

Location: _____

Description of Incident

Weather conditions (if applicable): _____

Details of damage or injury:

Other Parties Involved in Incident (if applicable)

Name(s) of other(s) involved: _____

Insurance Company: _____ **Address(es):** _____

Phone Number(s): _____

Details of damage or injury involving others:

Supporting Documentation

Documents to have on hand (if applicable):

- Photo(s) of Damage / Police Report
- Medical Records or Bills
- Repair Estimates / Repair Shop Information / Rental Car Information
- Contractor of choice
- Mitigation Company Information