



Care Providers
Business Insurance

Give us a Call!
636-229-4510

Fill in form & print then Fax to: 636-229-4810

or

Fill in form, save to computer and email to service@bestchoiceinsurance.com

Auto Notice of Claim			
Insured Information			
Driver's Name			
Street Address			
Street Address			
City, State, Zip			
Phone Number	Home	Work	
Driver License Number/State	Number	State	
Policy Owner's Name			
Policy Number			
Loss Details			
Description of Accident. Include details of direction of travel for you and other vehicle and what you were doing just prior to accident.			
Description of other type of loss. (theft, vandalism, etc.)			
Date of Loss		Time of Loss	
Location of Loss			
Authority Contacted		Report Number	
Explain "Other Authority"			
Were any citations issued?			

If yes, what type			
Your Vehicle			
Year		Make	Model
Veh. License Number/State		Vehicle ID Number	
Describe damage to your vehicle.			
Where is your vehicle now?			
Are you able to drive your vehicle?			
Other Property or Vehicles Involved			
Describe Property damaged if other than another vehicle.			
Vehicle 1			
Year		Make	Model
Veh. License Number/State		Vehicle ID Number	
Describe damage to your vehicle.			
Where is your vehicle now?			
Are you able to drive your vehicle?			
Owner's Name			
Street Address			
Street Address			
City, State, Zip			
Phone Number	Home	Work	
Driver License Number/State	Number	State	
Policy Owner's Name			
Policy Number			
Vehicle 2			
Year		Make	Model
Veh. License Number/State		Vehicle ID Number	

Describe damage to your vehicle.			
Where is your vehicle now?			
Are you able to drive your vehicle?			
Owner's Name			
Street Address			
Street Address			
City, State, Zip			
Phone Number		Home	Work
Driver License Number/State		Number	State
Policy Owner's Name			
Policy Number			
Vehicle 3			
Year		Make	
			Model
Veh. License Number/State		Vehicle ID Number	
Describe damage to your vehicle.			
Where is your vehicle now?			
Are you able to drive your vehicle?			
Owner's Name			
Street Address			
Street Address			
City, State, Zip			
Phone Number		Home	Work
Driver License Number/State		Number	State
Policy Owner's Name			
Policy Number			
Injuries			
1			

Name		
Street Address		
Street Address		
City, State, Zip		
Phone Number	Home	Work
Describe Injury		
2		
Name		
Street Address		
Street Address		
City, State, Zip		
Phone Number	Home	Work
Describe Injury		
3		
Name		
Street Address		
Street Address		
City, State, Zip		
Phone Number	Home	Work
Describe Injury		
4		
Name		
Street Address		
Street Address		
City, State, Zip		
Phone Number	Home	Work
Describe Injury		
Witnesses		

1	
Name	
Street Address	
Street Address	
City, State, Zip	
Phone Number	Home Work

2	
Name	
Street Address	
Street Address	
City, State, Zip	
Phone Number	Home Work

3	
Name	
Street Address	
Street Address	
City, State, Zip	
Phone Number	Home Work

4	
Name	
Street Address	
Street Address	
City, State, Zip	
Phone Number	Home Work