

Case #: _____

Referred by: _____

LIABILITY CLAIM SUMMARY

Client Name: _____ DOB: _____ SS#: _____

Home Address: _____ Apt#: _____ City: _____ State: _____

Zip Code: _____ Telephone : (_____) _____ Pager : (_____) _____ Cell : (_____) _____

Employer: _____ Work Address: _____

Telephone : (_____) _____

Spouse's Name (if applicable): _____

Do you own a car? _____ Year / Make: _____

Was this car in the accident? _____

Was this car insured? _____ Ins. Co.: _____ Policy#: _____

Liability _____ Collision _____ PIP _____ U/M _____ Adjuster's Name: _____

Adjuster Phone #: (_____) _____ Claim#: _____

Is the car drivable? _____

The car involved in this accident? _____ Where is the car located? _____

Who was driving at the time of the accident: _____

Car in accident Ins. Co.: _____ Policy #: _____

Auto Owner, if not you: _____ Address: _____

List all cars in house and owners of each: _____

Doctor/Address/Telephone: _____

Fire Rescue: _____ Ambulance: _____ Hospital: _____

Injuries: _____

Code 1 _____ Code 2 _____ Code 3 _____ Seat Belts: Yes _____ No _____

Speaks English? _____

Did you lose time from work? Yes _____ No _____ Group Ins.: _____

Policy #: _____ Prior Accident/Date: _____

DEFENDANT INFORMATION:

Name: _____ Address: _____

Telephone: (_____) _____

Auto Owner: _____ Address: _____

Telephone: (_____) _____

Year/Make _____ Tag#: _____ Ins. Agency: _____

Telephone: (_____) _____

Insurance Co.: _____

Telephone: (_____) _____

Policy #: _____ Claim#: _____ Adjuster: _____

GENERAL INFORMATION:

D/A: _____ Time: _____ Location: _____ Police Dept.: _____

Case #: _____ Charge: _____ Witness: _____

Address: _____

Telephone : (_____) _____

Description of Accident: _____
