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Automobile Accident Claim Form

Date of Incident: Approx Time: Date Reported:

Driver's Name: Driver's License:

Relation to Insured: Permissive Use: Yes No If no, please explain

Your Vehicle: Year/Make/Color Plate: Serial #/VIN

Describe Damage:

Location of Accident (Street, Highway Name, Intersection, and City/Town):

How did the Accident Happen? If possible, draw a diagram on reverse side

Other Vehicle: Year/Make/Color Plate: Serial#/VIN:

Driver Name: Owner's Phone No.: Business Home Cell

Address:

Different Owner? Name: Owner's Phone No.: Business Home Cell

Address:

Other Vehicle Insurance Information: Carrier/Policy Number/ Agent or Broker Name

INJURIES

Injured: Name Phone No.: Business Home Cell

Address:

Description/Extent of Injury:

Medical Attention: Emergency Services or See Doctor? Yes No

Injured: Name Phone No.: Business Home Cell

Address:

Description/Extent of Injury:

Medical Attention: Emergency Services or See Doctor? Yes No

WITNESSES

Name: Phone No.: Business Home Cell

Address:

Was the witness a passenger in an involved vehicle? Yes No If so, which vehicle?

Name: Phone No.: Business Home Cell

Address:

Was the witness a passenger in an involved vehicle? Yes No If so, which vehicle?

If a camera is available, take a photo of the other party's License, Insurance ID, Registration and Damage.

Please include any photos of the scene. There will be an option to attach them once you click Submit. You will be prompted to choose Desktop Email Application or Internet Email. If you choose Desktop Email Application a new email will appear with your completed form attached. This will allow you to also include any photos you may have. If you choose Internet Email you will be prompted to save the completed PDF to your computer. You can then email the form and any photos to claims@legacyrisk.net.

Reported By Signature
Title Date