

## Claims: Automobile Accident

<b>Company Name:</b>
<b>Contact's Name/Number/Email Address:</b>
<b>Location of Loss/Incident (Street, City, State):</b>
<b>Date of Loss/Incident:</b>
<b>Authority Contacted (Police, Supervisor, Case Number):</b>
<b>Driver's Name/Phone Number:</b>
<b>Your Vehicle (Year/Make/Model/VIN):</b>
<b>Damage to Vehicle:</b>
<b>Description of Accident:</b>
<b>Other Parties/Persons Involved in Claim (If exchanged info or accident report available, please provide with this notice):</b>
<b>Who was responsible for accident?</b>
<b>Special Instructions for Claim:</b>
<b>Report Completed By, Including Date of Report:</b>

Please fax to 334.273.1003 or email to  
[bwesson@hdbinsurance.com](mailto:bwesson@hdbinsurance.com)