



Texas Truck Insurance Agency, Inc.

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CLAIMS

Insured: _____ Date Reported: _____

Policy # _____ Effective Date / Expiration Date _____

Date of Loss: _____ Time of Loss _____ Location of Accident: _____

Police notified / REPORT #: _____ Violations/citations: Yes No (circle one)
If yes: Insured Vehicle Yes No
Other Vehicle Yes No

Description of Accident (attach additional sheet if needed)

Year _____ Make of Unit _____ VIN # _____

Year _____ Make of Trailer _____ VIN # _____

Owner's Name (if different from insured) _____

Driver's Name _____ Driver's Lic # _____ DOB _____

Describe Damage to Insured Unit

Where can vehicle be seen? _____

Describe Property (if vehicle: make, model, year)

Other Vehicle insurance company / policy #

Owner's Name _____ Address _____ Phone No. _____

Describe Damage and where damage can be seen

Injured Name / Address / Phone #

Extent of Injury

Witnesses or Passengers: Name, Address and Phone #'s: