CLAIM REPORT FORM

(FOR CLAIMS OTHER THAN WORKERS COMPENSATION / EMPLOYEE INJURY CLAIMS)

Walker Professional Insurance

GENERAL

REPORTED BY: DATE REPORTED:

EMAIL: PHONE:

DATE OF INCIDENT: TIME OF INCIDENT: ☐ AM ☐ PM

LOCATION OF INCIDENT:

DESCRIPTION OF INCIDENT:

NAME OF AUTHORITIES CONTACTED (police, fire, etc.): CASE #:

WERE THERE INJURIES TO OTHERS? ☐ YES ☐ NO

(IF AN EMPLOYEE WAS INJURED, COMPLETE WORKERS COMPENSATION REPORT FORM.)

WAS ***OWNED*** PROPERTY (INCLUDING VEHICLES) DAMAGED? (IF YES, COMPLETE THIS SECTION)

OWNED PROPERTY

DESCRIBE DAMAGE TO PROPERTY:

IS AN ESTIMATE AVAILABLE? ☐ YES ☐ NO IF NOT, ESTIMATED COST OF REPAIRS:

WHERE IS DAMAGED PROPERTY: (body shop, towing facility, etc.)

VEH / YEAR/ MAKE/ MODEL: VIN #:

EMPLOYEE DRIVER: DRIVER LICENSE NUMBER:

PHONE: EMAIL:

WAS ***NON-OWNED*** PROPERTY (INCLUDING VEHICLES) DAMAGED? (IF YES, COMPLETE THIS SECTION)

NON-OWNED PROPERTY

DESCRIBE DAMAGE TO PROPERTY:

DRIVER / OWNER / INJURED PARTY:

PHONE: EMAIL:

VEH / YEAR / MAKE/ MODEL: VIN #:

INSURANCE CARRIER: POLICY #: PHONE:

NAME OF WITNESSES / PASSENGER: PHONE:

COMPLETE THIS SECTION

CIRCUMSTANCES

DESCRIBE ANY MECHANICAL, PHYSICAL, OR ENVIRONMENTAL CONDITION THAT CONTRIBUTED TO THIS INCIDENT:

DESCRIBE ANY PERSONAL FACTORS THAT CONTRIBUTED TO THIS INCIDENT:

HOW COULD THE INCIDENT HAVE BEEN AVOIDED and/or MINIMIZED?

EMAIL COMPLETED FORM TO: claim@walkerprofessional.com

- **INCLUDE COPY OF POLICE REPORT IF AVAILABLE / APPLICABLE**
- **INCLUDE REPAIR ESTIMATES, PHOTOS, AND ANY OTHER AVAILABLE INFORMATION**

FOR AGENT USE ONLY: