



# Tingler Insurance

1-804-448-2402 (Phone) / 1-804-448-8418 (Fax)

## Claim Information Assistance Form

**About this form:**

- (1.) We created this form to assist you in completing a claim. It is not an actual claim form, but a helpful resource to assist you during the claim process.
- (2.) This is a general form that can be used to gather information for any claim. Some parts may not be applicable in all instances.
- (3.) Since this is a tool to help you gather information, do not feel as if you need all the information up front. The more information collected at the beginning, though, can help you during the claim process.

**Your name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Date of incident:** \_\_\_\_\_ **Place of incident:** \_\_\_\_\_

**Description of incident:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness name, phone number #1:** \_\_\_\_\_

**Witness name, phone number #2:** \_\_\_\_\_

**Witness name, phone number #3:** \_\_\_\_\_

**Name, insurance company, policy number of other involved #1 (driver, homeowner, etc):** \_\_\_\_\_

**Name, insurance company, policy number of other involved #2 (driver, homeowner, etc):** \_\_\_\_\_

**Name, insurance company, policy number of other involved #3 (driver, homeowner, etc):** \_\_\_\_\_

**Responding police officer name, badge number:** \_\_\_\_\_

**Ticket/citation issued to you? (Y/N) Locality of ticket issuer/Ticket number:** \_\_\_\_\_

**Towing company name, phone number:** \_\_\_\_\_

**If safe, take photographs of the incident (multiple angles recommended). Photos taken? Y / N**

*Stay calm, we are here to help.*