

LJM INSURANCE



AGENCY, INC.

327 Union Avenue, Framingham, MA 01702
301 Stockbridge Road, Great Barrington, MA 01230

Telephone (508) 872-0662, Fax (508) 879-5299
Telephone (413) 528-6588

In case of an accident, the following information will be needed when reporting your claim. In order to expedite the process, please obtain as much of this information as possible. If you are unable to obtain all the information requested, you should still contact us to report your claim.

INSURED INFORMATION

Policy Number: _____ Date of Loss: _____ Time of Loss: _____ a.m./p.m.
Insured Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Residence Telephone #: _____ Business Telephone #: _____

ACCIDENT INFORMATION

Authority Contacted: _____ Fire Dept/Policy Dept: _____
Report Number: _____ Violations/Citations No.: _____ Yes/No: _____
Accident Location: _____
Description: _____

INSURED VEHICLE INFORMATION

DRIVER NAME: _____
DOB: _____ LIC#: _____ Estimate \$: _____
Describe Damage: _____
Where Vehicle Can Be Seen: _____
When: _____ Drivable (Yes/No): _____
Vehicle Year: _____ Make: _____ Model: _____ Color: _____ Plate: _____

DRIVER AND OTHER VEHICLE INFORMATION

Property Damage If Other Than An Automobile: _____
Vehicle Year: _____ Make: _____ Model: _____ Color: _____
VIN #: _____ Plate: _____ License State: _____ Drivable (Yes/No): _____
Describe Damage To Vehicle(s): _____
Property Owner: _____
Address: _____
Residence Telephone #: _____ Business Telephone #: _____
Driver: _____ Residence Telephone #: _____
Insurance Company: _____ Policy #: _____

PERSONAL INJURIES

Name: _____ Address: _____
Residence Telephone #: _____ Business Telephone #: _____
Injury Type: _____ Injury Location: _____

WITNESSES

Name and Address: _____
Residence Telephone #: _____ Business Telephone #: _____