

AUTO LIABILITY PROPERTY DAMAGE / PERSONAL INJURY CLAIM FORM

Indicates
required field *

Claimant Information

Claimant Name:* _____

Street Address:* _____

City/State/Zip
Code:* _____

Telephone
Number: _____

(Home)

(Work)

(Mobile)

Injured Person Information

Injured

Person same as
claimant

Name of injured
person: _____

Street Address: _____

City/State/Zip
Code: _____

Telephone
Number: _____

(Home)

(Work)

(Mobile)

General Claim Information

Date & Time of _____ (Date)
Incident:* _____ (Time)

Street Address of
Incident
or Location of
Incident: * _____

City/State of
Incident: _____

Describe in Detail
How Incident
Occurred:* _____

Describe injuries:
(If applicable)* _____

Police Report
Number: _____

Insurance Information

Full Name of
Insurance
Company: _____

Street Address: _____

City/State/Zip
Code: _____

Adjuster Name: _____

Telephone
Number: _____

Name of Policy
Holder: _____

Policy Number: _____

Policy Period: _____ (Effective Date) _____ (Expiration Date)

Claim Number: _____

Claimant Vehicle Information

_____ (Make) _____ (Model)

Claimant's
Vehicle: _____ (Year) _____ (License Plate No.)

_____ (State of License)

Name of Driver: _____

City Vehicle Information

Name of City
Driver: _____

City Vehicle
License Plate
Number: _____

City Department _____

Involved:

City Department
Report Number:

Witness Information

Name of Witness
to Incident:

Street Address:

City/State/Zip
Code:

Telephone
Number:

(Home)

(Work)

(Mobile)

Additional Information

Comments:

Two Written
Estimates
Attached:
(Cost to Repair
Damages)

Yes

No

Paid Bill
Attached:

Yes

No

Signature Information

VERIFICATION BY CERTIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.*

Preparer's Name:* _____

Claimant Signature: *_____

Date:* _____

Preparer Signature: _____ Date:

City of Chicago Claims Unit
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