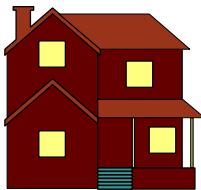


# Car Insurance Claim Form



## **AA Insurance Company**

Freedom Ave

My Town, CA

(888)-888-8888

**Claim Number:**

<b>Claimant</b>		
<b>First Name</b>	<b>Last Name</b>	
<b>Street</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone Number</b> (   )   -	<b>Office Phone Number</b> (   )   -	<b>Driver's License</b>

<b>Insured</b>	
<b>First Name</b>	<b>Last Name</b>
<b>Driver's License</b>	<b>Policy Number:</b>

Incident Information				
Date of Incident	Driver Last Name	Driver First Name	Driver's License	
Vehicle				
Make	Model	Year	VIN	License Plate
Location of Incident				
Intersection	Town		State	

### Description of Incident

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