



IPARKS
AUTO LIABILITY AND PHYSICAL DAMAGE
CLAIM/INCIDENT REPORT

Member (Include address and telephone number): _____

Certificate No: _____ Certificate Term: _____

Deductible: _____ Other Insurance? _____
If so, list carrier, policy number, and policy term:

Date of Accident: _____ Description of Accident: _____

Were there any other third parties involved? _____ If so, explain who and why:

Member Vehicle Description:
Year: _____ Make: _____ Model: _____
V.I.N. Number: _____ License Plate Number: _____
Lienholder (If none, so indicate): _____
Name of Member Driver: _____
Driver's License Number: _____ Relationship to Member: _____
Purpose of Use: _____
Used with Permission? _____

Description of Damage to Member's Vehicle: _____

Estimate of Damage: _____ Is the vehicle disabled? _____

If so, where is the vehicle presently located?

Other Vehicle Description: _____

Year: _____ Make: _____ Model: _____

V.I.N. Number: _____ License Plate Number: _____

Name of Other Driver: _____

Description of Damage to Other Vehicle: _____

Estimate of Damage: _____

List any Injuries: _____

Did the Accident Involve Property Damage to Others? _____

If so, describe: _____

Has a claim been presented against the Member? _____ If not, do you have any reason to believe that a claim will be pursued in the future? _____ If so, why? _____

Were the police or fire department called? _____ If so, attach a copy of the report(s), if available.

List the name, address and telephone number of all witnesses: _____

Name of Member Contact Person: _____

Telephone No.: _____

Date: _____

E-Mail Address: _____

This form has been completed by:

Name (Please Print): _____

Address: _____

Telephone No.: _____