

Policyholder Name: Nebvashaland Tire, Inc. Policy / Account No: 9385869

Report Prepared By: _____ Date: _____

Policyholder Federated Marketing Representative MR Service Assistant Other

Loss Information:

Date of incident: _____ Time: _____ AM _____ PM

Describe what happened: _____

Location of incident

Address: _____

City: _____ State: _____ County: _____

****Please list any additional locations under Additional Information**
Include location address, city, state, and occupancy description.**

Vehicle Information: (complete only if vehicles are involved)

How many vehicles were involved? _____ How many vehicles were damaged/stolen? _____

Policyholder Vehicle (includes motorcycles)

Year/ Make/ Model: INCLUDING VIN# _____

Describe the Damage: _____

Vehicle is drivable - not leaking fluids, air bag not deployed, lights are working

****Please list any additional policyholder vehicles under Additional Information****

Driver's Name: _____

Was the driver injured? Yes No Describe Injuries: _____

Was the driver an employee? Yes No Working at time of Incident: Yes No

Passengers: Yes No Were any of the passengers injured? Yes No

Describe passenger injuries: _____

Was passenger an employee? Yes No Working at time of Incident: Yes No

Other Vehicle

Year/ Make/ Model: _____

Describe the Damage: _____

Driver's Name: _____ Phone: _____

Was the driver injured? Yes No Describe Injuries: _____

Passengers: Yes No Were any of the passengers injured? Yes No

Describe passenger injuries: _____

****Please list any additional other vehicles under Additional Information****

Property Information: (includes mobile equipment, does not include vehicles)

Describe the location occupancy and/or damaged property: _____

Describe the damage to the location/property: _____

Mobile Equipment (includes agricultural, contractor, and industrial equipment)

Number of equipment items damaged/stolen? _____

Equipment was inventory held for sale Equipment was rented/leased at time of incident

Type/Year/Mfr/Model/Serial Number: _____

****Please list any additional item of Mobile Equipment under Additional Information****

Injured Party Information: (not workers compensation injuries - report using appropriate First Report of Injury)

(not vehicle drivers or passengers)

Injured Party Name: _____ Phone: _____

Nature/description of injury: _____

****Please list any additional Injured Parties under Additional Information****

Additional Information:

Were police notified? Yes No Police Dept: _____ Case No: _____

Was any fuel or pollutant spilled or released? Yes No Approximate gallons: _____

Policyholder Contact Information:

Contact Name: _____ Phone: _____

E-mail Address: _____ Alternate Phone: _____

Do you have any documents or evidence? If yes, please describe under Additional Information and preserve.

(i.e. repair estimate, surveillance video, photos*, faulty part)

*If possible/applicable, photograph the area and hazard as soon as possible after the accident. (A camera that imprints the date/time on the photo is ideal.)

Additional Information: _____

Prepared By: _____ Date: _____

(Signature)

Auto/Property
Accident
(not work
comp)

Please fax to
Scott Samway
316 522 5166