Vehicle Accident and/or Windshield Repair/Replacement Claim Questionnaire

Date and Time of Loss: ___________________________ License Plate Number: ____________

Year, Make, Model: ________________________________________________________________

Date of Manufacture: ____________ Vin Number: ______________________________________

Driver’s Name: _____________________________ Phone: _____________ Injury? YES   NO

Driver’s License Number: _________________________ Passenger(s) Name(s): ___________

Program Assigned to vehicle: _____________ Program Account #: _______________________

Description/Location of Claim: _______________________________________________________

Description of Damage to Vehicle: _________________________________________________

Police Dept. ____________________ Police Report ICR # ____________________

Other Parties Information:

Owners Name and Phone #: _______________________________________________________

Drivers Name and Phone #: _______________________________________________________

Vehicle Info. (Year, Make, Model): ________________________________________________

Insurance Company: ________________________ Policy #: _____________________________

Bodily and/or Property Damage? YES   NO  If yes explain: ______________________________

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