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: _________________________________

Contact: Ernest Robinson: Cell # (218) 368 – 7837 Email to: ernest.robinson@llojibwe.net