

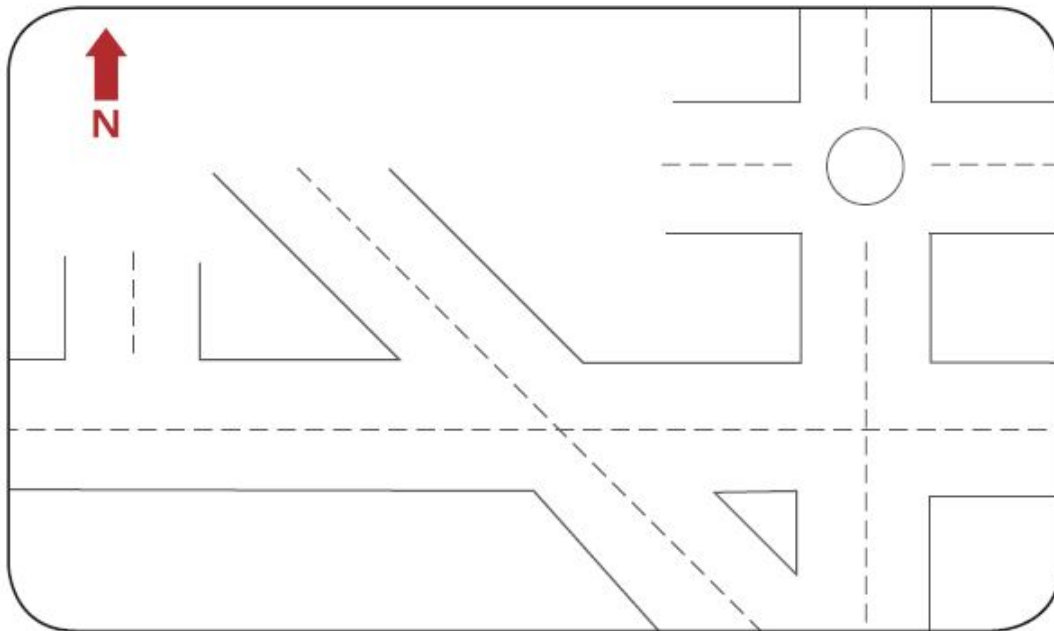
## School District Automobile New Claim Report

Registered Owner:	Your Ref # (Plate #):	Date of Report:
Contact:	Email:	Phone:
Driver Name:	Driver License:	
Address:	Phone:	
	Email:	
Vehicle Plate:	If NOT drivable, indicate current location:	
Damage:	Shop Name/location:	
Passenger(s):	Passenger phone/email:	
<b>Other Parties Involved</b> (if more than 1 other party involved, please attach supplement with info)		
Registered Owner:	Phone:	
Driver:	Driver License:	
Address:	Phone:	
	Email:	
License Plate:	Province/State:	Policy/Claim #:
Insurance Company		Phone:
Damage:	Police Report #	
Witness:	Phone:	

## Accident Description

Date & Time of Accident:

Use diagram below to tell us what happened.



- If diagram is insufficient, please draw your own on a separate page and submit with report
- Please attach any additional documents (police reports, scene or damage photos, statements)

**Completed by:**

**Date:**