

Cloutier Insurance Agency  
Auto Claim Form

Full Name:

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Which Vehicle Were You Driving?

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Date of Accident:

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Time of Accident:

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What happened in the accident?

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Name, Address, & Vehicle of Other Party:

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Other Vehicle Driver if Different than Owner:

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List anyone who was hurt:

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Is insured vehicle drivable?

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If not drivable, where is the vehicle?

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