



NANCY E. HARDT
City Clerk

CITY OF RENSSELAER

OFFICE OF
THE CITY CLERK
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AUTOMOBILE LOSS REPORT

NAME OF INSURED _____ TODAYS DATE _____

DATE OF ACCIDENT _____ TIME _____ LOCATION _____

YOUR VEHICLE (YR., MAKE) _____ VIN _____

PRESENT LOCATION OF VEHICLE _____

OPERATOR OF YOUR VEHICLE _____ AGE _____ ADDRESS _____

DESCRIPTION OF ACCIDENT _____

OTHER VEH (YR. &MAKE) _____ PLATE# _____

OWNER: _____ ADDRESS: _____ PHONE # _____

DRIVER _____ ADDRESS _____ PHONE # _____

OTHER AGENT OR INS. CO. _____ PHONE# _____

OTHER AGENT OR INS. CO. ADDRESS _____

AREA DAMAGED ON YOUR VEH. _____ OTHER VEH. _____

INJURIES:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

AGE: _____ PHONE _____

AGE _____ PHONE _____

INJURY _____

INJURY _____

WITNESSES:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

POLICE DEPT CONTACTED? _____ TICKETS ISSUED? _____

OTHER COMMENTS _____

REPORT COMPLETED BY _____ DATE _____

PERSON TO CONTACT ON THIS CLAIM _____

PHONE _____ SIGNATURE OF CLAIMANT _____