



Automobile Claim Reporting Worksheet and Guide

DO NOT DELAY IN REPORTING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS.

PLEASE EMAIL YOUR COMPLETED FORM TO LossRptCSS@constitutionstateservices.com OR CALL 800.243.2490.

ACCOUNT INFORMATION

PREPARER'S PHONE NUMBER & EMAIL ADDRESS	PREPARER'S TITLE AND NAME	GARAGE STATE (STATE WHERE VEHICLE IS GARAGED)
SUBSIDIARY (COMPANY) NAME AND ADDRESS		
SUBSIDIARY (COMPANY) MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
DID THE LOSS OCCUR AT THE LOCATION ADDRESS? (IF "NO", ADDRESS WHERE LOSS OCCURRED) <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE AND TIME OF LOSS		
BRIEF DESCRIPTION OF LOSS		
PARENT COMPANY/INSURED'S NAME	LOCATION CODE	POLICY SYMBOL AND NUMBER

INSURED VEHICLE

DOES INSURED OWN VEHICLE? (IF "NO", OWNER'S NAME, ADDRESS AND PHONE NUMBER)	
INSURED VEHICLE YEAR, MAKE, MODEL, VEHICLE IDENTIFICATION NUMBER, PLATE STATE AND NUMBER	
INSURED VEHICLE DRIVER NAME, ADDRESS, PHONE NUMBER, RELATIONSHIP TO THE INSURED, DATE OF BIRTH, DRIVER LICENSE STATE AND NUMBER	
WAS THE INSURED VEHICLE DAMAGED? (IF YES, DESCRIPTION OF DAMAGE)	
IS THERE A WRITTEN ESTIMATE OR REPAIR/REPLACEMENT BILL FOR THE DAMAGE? IF YES, AMOUNT.	
IS VEHICLE DRIVEABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID AIRBAGS DEPLOY? <input type="checkbox"/> YES <input type="checkbox"/> NO
ATTORNEY INFORMATION (IF REPRESENTED)	

WAS ANYONE INJURED IN THE INSURED VEHICLE? IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH INJURED PERSON IN INSURED'S VEHICLE:

NAME	
BUSINESS AND HOME PHONE NUMBERS AND EMAIL ADDRESS	
ADDRESS	
RELATIONSHIP OF THE INJURED TO THE ACCIDENT (INSURED DRIVER, MEMBER OF INSURED HOUSEHOLD, GUEST IN INSURED VEHICLE, OR PEDESTRIAN)	
DATE OF BIRTH	GENDER
DESCRIPTION OF INJURY	
MEDICAL FACILITY (IF TREATMENT RECEIVED)	
ATTORNEY INFORMATION (IF REPRESENTED)	

OTHER'S PROPERTY DAMAGE AND INJURY INFORMATION WAS ANY OTHER VEHICLE DAMAGED? IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

OWNER'S NAME	BUSINESS AND HOME PHONE NUMBERS AND EMAIL ADDRESS
ADDRESS	
DAMAGED VEHICLE INFORMATION (YEAR, MAKE, MODEL, VEHICLE IDENTIFICATION NUMBER, COLOR, PLATE STATE AND NUMBER)	
DESCRIPTION OF DAMAGE	
IS THERE A WRITTEN ESTIMATE OR REPLACEMENT BILL FOR THE DAMAGE? IF YES, AMOUNT	DID AIRBAGS DEPLOY? <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER INSURANCE CARRIER INFORMATION (NAME AND POLICY NUMBER)	
ATTORNEY INFORMATION (IF REPRESENTED)	

WAS ANY OTHER PROPERTY DAMAGED? IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

OWNER/BUSINESS NAME	BUSINESS AND HOME PHONE NUMBERS AND EMAIL ADDRESS
OWNER/BUSINESS ADDRESS	
DESCRIPTION OF DAMAGED PROPERTY	
IS A WRITTEN ESTIMATE OR REPAIR/REPLACEMENT BILL FOR THE DAMAGE AVAILABLE? IF YES, AMOUNT	
ATTORNEY INFORMATION (IF REPRESENTED)	

WAS ANYONE INJURED IN ANY OF THE OTHER VEHICLES INVOLVED? IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME	BUSINESS AND HOME PHONE NUMBERS AND EMAIL ADDRESS
ADDRESS	
RELATIONSHIP OF THE INJURED TO THE ACCIDENT (DRIVER OR OCCUPANT OF OTHER VEHICLE, PEDESTRIAN)	
DATE OF BIRTH	GENDER
DESCRIPTION OF INJURY	
MEDICAL FACILITY (IF TREATMENT RECEIVED)	ATTORNEY INFORMATION (IF REPRESENTED)
WITNESSES (NAMES, ADDRESSES, AND PHONE NUMBERS)	
AUTHORITIES - AMBULANCE/FIRE/POLICE (NAME, REPORT/CASE NUMBER, COUNTY, ANY VIOLATIONS/CITATIONS)	

INSURED CONTACT INFORMATION

CONTACT NAME, PHONE NUMBER, EMAIL ADDRESS, AND BEST TIME TO CONTACT AND WHERE TO CONTACT
ADDITIONAL NOTES/COMMENTS OR CUSTOMER SPECIFIC INFORMATION



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