



<b>Client Name:</b>		<b>Contract Number:</b>	
<b>Reporter Information</b>			
First Name:		Last Name:	
Title:	Phone:	Ext:	
<b>Client Location Information</b>			
Location Number:		Location Name:	
Street Address:			
City:	State:	Zip Code:	
Phone:		Ext:	
Is this the loss location? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Incident Information</b>			
Date of Incident:	Time of Incident:	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Date Employer Notified:			
Incident Description:			
Road Conditions: Select One	Weather Conditions: Select One	Speed Limit?	
Was the Driver Wearing a Seatbelt? Select One	Was the Driver using a Cell Phone? Select One		
<b>Incident Location Information (If different from above)</b>			
Incident Location Name:			
Street Address:			
City:	State:	Zip Code:	
<b>Authority Information</b>			
Authority Name:		Phone:	Ext:
Authority Report Number:		Officer Name:	
<b>Insured Driver Information</b>			
Employee ID:		SSN:	
First Name:	MI:	Last Name:	
Home Phone:	Work Phone:	Ext:	
Home Address:			
City:	State:	Zip Code:	
Date of Birth:			
Marital Status: Select One		Gender: Select One	
Drivers License #:		State:	
Citation Issued?: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Injury Information</b>			
Description of Injury			
Cause:		Body Part	
Nature:			
<b>Medical Treatment Information</b>			
Admitted to Hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Facility Name:			
Street Address:			
City:	State:	Zip Code:	
Phone:		Ext:	
Transportation Type: Select One			
<b>Insured Vehicle Information</b>			
Vehicle Fleet Number:			
VIN:			

**Sedgwick Auto Liability Intake Form**  
 Email: [SCMSNIC@Sedgwickcms.com](mailto:SCMSNIC@Sedgwickcms.com) Fax: 1-866-261-5795



Body Type:		Year:		Make:	
Model:			Color:		
License Plate Number:			State:		
Damage Description:					
Estimated Damage:		Towed: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Part:			Cause:		
<b>When/Where Can Property Be Seen (If not drivable)</b>					
Name:					
Street Address:					
City:		State:		Zip Code:	
Phone :					
<b>Other Driver Information</b>					
Employee ID:					
First Name:		MI:		Last Name:	
Home Phone:		Work Phone:		Ext:	
Home Address:					
City:		State:		Zip Code:	
Date of Birth:		Marital Status: Select One		Gender: Select One	
Drivers License #:			State:		
Citation Issued?: Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Injury Information</b>					
Description of Injury					
Cause:			Body Part		
Nature:					
<b>Medical Treatment Information</b>					
Admitted to Hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Facility Name:					
Street Address:					
City:		State:		Zip Code:	
Phone:			Ext:		
Transportation Type: Select One					
<b>Other Vehicle Information</b>					
Vehicle Fleet Number:					
VIN:					
Body Type:		Year:		Make:	
Model:			Color:		
License Plate Number:			State:		
Damage Description:					
Estimated Damage:		Towed: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Part:			Cause:		
<b>When/Where Can Property Be Seen (If not drivable)</b>					
Name:					
Street Address:					
City:		State:		Zip Code:	
<b>Damaged Property Information</b>					
Describe Property:					
Damage Description:					
Estimated Damage:					
<b>Other Insurance Information</b>					

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Carrier Name:		Phone Number:	
<b><i>Injured Party Information</i></b>			
First Name:		MI:	Last Name:
Home Phone:		Work Phone:	Ext:
Home Address:			
City:		State:	Zip Code:
Date of Birth:		Marital Status: Select One	Gender: Select One
Drivers License #:		State:	
<b><i>Injury Information</i></b>			
Injury Description:			
Cause:		Body Part:	
Nature:			
<b><i>Medical Treatment Information</i></b>			
Admitted to Hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Facility Name:			
Street Address:			
City:		State:	Zip Code:
Phone:		Ext:	
Transportation Type: Select One			
<b><i>Witness Information</i></b>			
Name:			
Address:			
City:		State:	Zip Code:
Phone Number:			
<b><i>Contact Information</i></b>			
First Name:		MI:	Last Name:
Phone:		Ext:	Email Address:
<b><i>Comments/Remarks:</i></b>			