

**Information needed on all
Auto claims within 1 week.**

1) Accident Report

2) How much damage was done to your vehicle?

3) Liability Information (at fault insurance info)

a. Company Name _____
& Address _____

b. Medical Claim _____
Number _____

c. Phone Number _____

d. Adjuster Name _____

e. Fax Number _____

4) Med Pay (your auto insurance info)

a. Company Name _____
& Address _____

b. Medical Claim _____
Number _____

c. Phone Number _____

d. Fax Number _____

e. Adjuster Name _____

f. Dollar Amount _____

5) Other medical provider's info

6) Attorney Information (if applicable)

- Letter of Representation