

FIRE/RESCUE

AUTO

CLAIM

FORMS

**(Attach Copy of Police
Report)**

**REPORT TO LIBBY WITHIN 24 HOURS OF
ACCIDENT**

276-730-3003

Fax Transmittal Sheet

New Claim

<input type="checkbox"/> Property Claim <input type="checkbox"/> Automobile Claim <input type="checkbox"/> General Liability Claim <input type="checkbox"/> Other	Carroll County	Tel: (276) 728-3331	FAX TO:
	605-1 Pine Street	Fax: (276) 728-4938	
	Hillsville, VA 24343		
	Department	Date of Loss	Date Submitted
<i>Please check the</i>			Fax: (540) 345-5330

Please complete the section below which coincides with the type of claim indicated and fax

Property Claim (includes Buildings & Contents, Inland Marine, and Crime)

Location of Loss:

Please indicate building or equipment damaged

Kind of Loss	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Flood	<input type="checkbox"/>	Hail	<input type="checkbox"/>	Other	Probable Amount of Loss
	<input type="checkbox"/>	Lightning	<input type="checkbox"/>	Wind	<input type="checkbox"/>	Theft			

Description of Loss & Damage:

Automobile Claim (Any claim involving an Insured)

Location of			Description of		
Insured Vehicle Info.	Year:	Make:	Model:	VIN#:	
Describe Damage:		Estimate Amount:		Drivers Name:	

Third Party Information (following info. should be provided when accident involves another vehicle)

Describe Property: (Year, Make,	Other Ins.	Co Name:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Policy #:
Owner's Name & Address		Home Phone:
		Work Phone:
Describe Damage:	Estimate Amount:	Location of Vehicle:
Injuries:	Name & Address:	Phone #:
Witness:	Name & Address:	Phone #:

General Liability Claim (any liability claim other than)

Location of Occurrence:
Description of Occurrence:

Third Party Injury/Property Damage Information

Name & Address:	Phone #:
Describe Injury or Property Damage:	
Witness:	Name & Address:
	Phone #:

***If you ever have any questions regarding a claim please give us a call.**