

# SELECT Insurance Agency, Inc

95 Main Street  
Tuckahoe, NY 10707  
Phone: 888-542-9002  
Fax: 866-395-0200

## **CLAIM/INCIDENT REPORT FORM** **FAX IMMEDIATELY TO 866-395-0200**

1. Company Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

4. Date, time, place of incident: \_\_\_\_\_

5. Brief description of incident: \_\_\_\_\_  
\_\_\_\_\_

6. Did anyone prepare a report/statement concerning the incident? YES / NO (*If so, please attach a copy*)

7. Name & address of any witness: \_\_\_\_\_

8. Date first learned of incident: \_\_\_\_\_ What source? \_\_\_\_\_

9. Name & address of claimant/injured party: \_\_\_\_\_

10. Did you receive correspondence from claimant or an attorney: YES / NO (*If so, please attach a copy*)

11. Did you receive legal suit papers? YES / NO (*If so, when & how did they come to you*) \_\_\_\_\_

12. Date of this report: \_\_\_\_\_ By: \_\_\_\_\_

Print Name & Position: \_\_\_\_\_

Please be advised that claims or incidents that may result in a claim must be reported to the insurance company immediately, per the terms of your insurance policy. Late notice to the insurance carrier may result in a declination of coverage. All incidents reported via this form are subject to the terms & conditions of the applicable insurance policy.