



A subsidiary of  River Valley
BANK

Today's date: _____

Insured Name: _____

Insured Address: _____

Insured Phone Number: _____

Date of Occurrence/Loss: _____

Description of Accident/Damage: Home-Property – Liability – Auto – Work Comp

Location of Accident: _____

Person/Persons Injured: _____

Were the police Called: YES - NO

Police Report Number: _____

Auto Claim:

Policy Number: _____

Effective Date: _____

Insured Driver: _____

License Number: _____

Insured Vehicle: (Year – Make – Model – VIN): _____

Other Party Vehicle: _____

Where can vehicle be seen: _____

Description of damage: _____

Property Claim:

Policy Number: _____

Effective Date: _____

Was property damaged: YES - NO

Description of Damage: _____

Is Property owned by insured: YES - NO