

GENERIC AUTO CLAIM REPORT FORM

Insured name and address:	
Contact names & numbers:	
Location of loss:	
Police precinct & case #	
Description of loss (vehicle 1 is your car; vehicle 2 &/ or 3 are the other vehicle(s):	
Insured vehicle make & model with license plate#	
Owner name & address of your vehicle (vehicle # 1)	
Driver's name and address (vehicle # 1)	
Describe vehicle 1 damage	
Vehicle 2 owner name, address, and phone #	
Vehicle 2 driver's name, license # & state of license	
Vehicle 2 damage	
Injured parties name, address, and phone #	
Witnesses- Name, address and phone #	

No claim can be considered reported until you have received confirmation from Sobel Affiliates or the insurance company.

SOBEL AFFILIATES CLAIMS DEPARTMENT

From 9 am- 5 pm EST Monday through Friday Call:

(800) 221-2834 (OUTSIDE NY TRI-STATE AREA)
(516) 745-1111 (NY TRI-STATE AREA)
(516) 745-5733 (FAX)

<p>BRIAN ROSICKY Claims Representative 516-880-9266 <u>brosicky@sobelins.com</u> Customer Names: A-L</p>	<p>PHYLLIS TAUB Senior Claims Representative 516-880-9264 <u>ptaub@sobelins.com</u> Customer Names: M-Z</p>
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