



Brown & Brown of Garden City, Inc.
595 Stewart Avenue
Garden City, NY 11530
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Camp Auto Accident Report Form

Camp Name and Address:	
Contact Names & Numbers:	
Location of Loss:	
Police Precinct & Case #:	
Description of Loss: (Vehicle #1 is <u>YOUR</u> Car; Vehicle#2 &/or #3 are the <u>OTHER</u> Vehicles)	
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:	
Owner Name, Address Phone # of Vehicle #2 &/or #3:	
Driver's Name, License # & State of Vehicle #2 &/or #3:	
Describe Damage Vehicle #2 &/or #3:	
Injured Parties Name, Address & Phone Number:	
Witnesses- Name, Address & Phone Number:	

***A CLAIM IS NOT CONSIDERED REPORTED UNTIL YOU HAVE RECEIVED A CONFIRMATION FROM BROWN & BROWN OR THE INSURANCE COMPANY.**