

**USE THIS FORM
TO REPORT A
CLAIM**



INCIDENT REPORT

Insured/Organization Name: _____

Please select one: Auto Accident Visitor Injury Property/Building Damage

Your Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Location: _____ Date of Incident: _____

Time of Incident: _____

Name of Person Involved (Include Address & Phone Number)	Age	Injuries/Medical Attention	If child, name of guardian

Witness Name	Address	Phone Number

Vehicles Involved

Your Vehicle Year	Make	VIN #

Claimant Vehicle Year	Make	VIN #

Describe incident: _____

Building/Content Damage (Describe in full): _____

Police investigate? If so, which agency & report #: _____
Any other pertinent information: _____

Signature of Person Preparing the Report

Title

Date

SEND COMPLETED FORM TO CLAIMS@NBTINSURANCE.COM OR FAX TO (607) 334-4162