

# Report of Claim Form - Automobile Claims

For automobile claims. For Workers Compensation of other claims, please visit our website for the appropriate form.



**Bridge Marine**  
INSURANCE

Please complete this form and submit to Bridge Marine Insurance. Your claim will be reported within 24 hours and a copy of this form will be kept on record. We will follow up with your claim on a weekly basis to be sure it is handled correctly. If you have any questions, please contact us. Please also download our interactive Operators Report form if this accident occurred in Massachusetts.

Bridge Marine Insurance  
128 Route 6A 2nd Floor  
Sandwich, MA  
USA  
02563  
Phone: 508.619.4668  
Fax: 508.588.5148  
bridgmarineinsurance.com

Date/Time Reported \_\_\_\_\_ Person Filing Report \_\_\_\_\_  
Named Insured / Name of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Loss: \_\_\_\_\_ Time of Loss \_\_\_\_\_  
Location of Loss: \_\_\_\_\_

## Claimant Info

Other Vehicle Info (year, make, model, color, plate number): \_\_\_\_\_  
Driver of Other Vehicle (and address): \_\_\_\_\_  
Owner of Other Vehicle (and address): \_\_\_\_\_  
Injuries  Yes  No If yes, to whom and extent of injury \_\_\_\_\_

## Insured Info

Vehicle Info: \_\_\_\_\_ Driver of Vehicle \_\_\_\_\_  
Driver Address \_\_\_\_\_ License # \_\_\_\_\_  
Passengers \_\_\_\_\_  
Injuries  Yes  No If yes, to whom and extent of injury \_\_\_\_\_

## Description of Loss

Were police contacted?  Yes  No If yes, which department, violation, citation \_\_\_\_\_

Details on Loss

Remarks/  
Comments

By submitting this loss you warrant that the information on this form is completely to the best of your ability and correct as to all information provided. This form may be used by Bridge Marine Insurance and the insurance company to investigate, negotiate and settle your insurance claim. This form is not a guarantee of coverage and does not guarantee your claim has been filed. If you do not hear back from Bridge Marine Insurance within 24 hours with further claim details, please call to be sure a claim has been set up.

Signature \_\_\_\_\_  
Title \_\_\_\_\_

Please click Submit once complete to send a copy of this form to Bridge Marine Insurance. You can also choose to "Print Form" and mail or fax a copy to us.