AUTOMOBILE **CLAIM FOR PROPERTY DAMAGE**

Notice to Claimant: In order that your claim for property damage may receive proper consideration you are requested to supply the information called for on the form.

All relevant and material facts should be stated, as this will be a basis of further action upon your claim.

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1.	Full Name of Claimant:	2	Age:	Occupation/Rank:
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4.	Mailing Address:	Street Address:	8,	6. Phone:
				Work - Home -
7.	Date/Time of Accident:	2	Location of Acc	
•	Dawy Time of Accident		Location of Acc.	
		A Secretary of the Control of the Co		
9.	Name of Driver:	10. Address:		11. Driver's License No.
			and the second second second second	
12.	Claim Against (Name, address, description of vehicle he or she was operating)			
12		e de la companya del companya de la companya del companya de la co	pa 6	
13.	Description of Accident (set forth all relevant and material details; if necessary use opposite side for diagram, indicating your vehicle as #2 and the other as #1):			
	mucating your venicle as #2 and	the other as #1).		
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	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
14.	Witnesses (names & address: if o	our vehicle, state position):		
15.	Description of Claimant's Property (Car make, model and license number):			
	Description of Chantants 1 Topoli	y (Car maxo, moder and ne	orise namedly.	
16.	Basis of Claim - I contend that I ar	n entitled to recover damage	s for the person(s)	named in item #9 for the following
8	reason(s):	7		
	Control of the Contro			
17.	Declaration - I certify that all of the statements set forth on this form are true to the best of my recollection and			
	knowledge. All relevant and material facts have been stated. I further declare that I suffered no personal injury of			
	any kind, and unless I have indicated so under Item #13, no one else in my car suffered injury to my knowledge.			
		** ***		
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		19, a	l <u></u>	
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Claimant's Signature: