



CLAIMS FORM

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St. Thomas, VI 00802
Mailing: 8168 Crown Bay Marina Suite 505-360
St. Thomas, VI 00802
Email: Info@Keswickinsurance.com
Telephone: 1-340-714-8100

TODAY'S DATE: _____ NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

SECONDARY PHONE NUMBER: _____

EMAIL: _____

ACCIDENT/LOSS INFORMATION

POLICE REPORT NUMBER: _____

DATE OF ACCIDENT/LOSS: _____

LOCATION OF ACCIDENT: _____

VEHICLE INVOLVED (YR, MK, MODEL): _____

VIN NUMBER: _____ PLATE NUMBER: _____

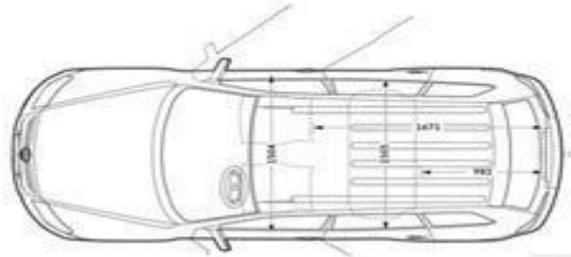
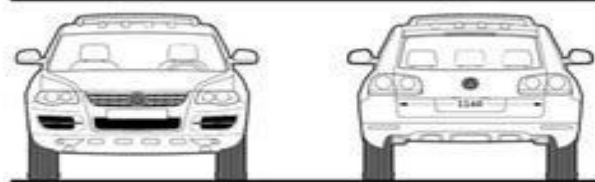
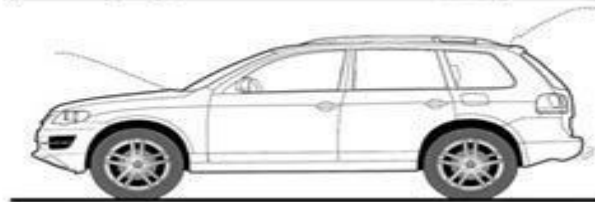
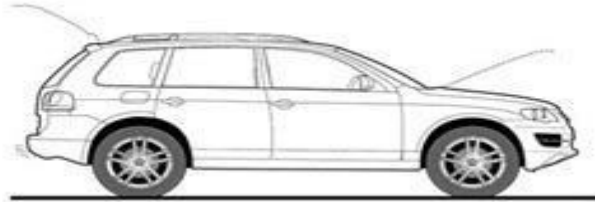
PLEASE GIVE DETAILS OF THE ACCIDENT/LOSS:

PLEASE TURN TO THE NEXT PAGE AND INDICATE WHERE THE DAMAGE IS LOCATED ON YOUR VEHICLE USING THE DIAGRAM AND LEGEND PROVIDED.

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PLEASE CIRCLE DAMAGED AREAS ON VEHICLE AND INDICATE THE TYPE OF DAMAGE USING LEGEND BELOW.

- A. SCRATCHED
- B. DENTED
- C. BENT
- D. CAVED
- E. CRUSHED
- F. BROKEN
- G. LOOSE
- H. PAINT
- I. CRACKED
- J. SCRAPED
- K. RUBBED
- L. FADED
- M. NICKED



PLEASE GIVE ANY DETAILS/REMARKS THAT YOU CAN PROVIDE ABOUT THE OTHER VEHICLE AND/OR DRIVER INVOLVED IN THE ACCIDENT/LOSS.

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I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM FILING A CLAIM AS AN INSURED OF KESWICK INSURANCE OR A CLAIMANT THAT WAS INVOLVED IN AN ACCIDENT/LOSS WITH A VEHICLE INSURED BY KESWICK INSURANCE. I ATTEST THAT THE INFORMATION I PROVIDED IS TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PRINTED NAME

SIGNATURE

KESWICK'S USE ONLY

CLAIM NUMBER: _____

KESWICK POLICY NUMBER: _____

OTHER INSURANCE POLICY NUMBER: _____

ADDITIONAL CLAIMS INFORMATION & NOTES:

