



**DIOCESE OF CLEVELAND
PROPERTY/CASUALTY INSURANCE OFFICE**

1404 East Ninth Street, 8th Floor, Cleveland, Ohio 44114
 Phone: 216-696-6525, 800-869-6525, Ext. 3400
 Fax: 216-861-0406 Email: kpierce@dioceseofcleveland.org

VEHICLE ACCIDENT & DAMAGE REPORT

If you are involved in a collision and/or sustain damage to a vehicle covered under the Diocesan Master Insurance Program, you must report the incident within **24 hours** of the occurrence. The following outline will assist you in obtaining the required information to report a claim. Vehicle claims should be emailed, faxed or mailed to the Property/Casualty Insurance Department.

INSURED LOCATION

Name of Parish, School or Institution		DISC Location Number	
Street Address			
City	County	Zip Code	
Phone Number	Pastor, Principal, Administrator		

OCCURRENCE

Date of Loss	Time of Occurrence	Authority Contacted	Violations/Citations Issued to Whom
Location of Incident (include street names, geographical location, city, state)			
Brief Description of Accident/Incident			
Name of Person(s) Injured in Insured's Vehicle	Name & Address of Witness		Witness Phone Number

INSURED VEHICLE

Year	Make	Model & Body Type	Vehicle Serial Number (17 digits)	
License Plate Number	Driver's Name (as it appears on driver's license)		Driver's Address, City, State, Zip	
Daytime Phone Number	Driver's Date of Birth	Driver's License Number	Issuing State	Social Security Number
Describe Damage				
Estimate Amount		Where Can Vehicle Be Seen?		

OTHER VEHICLE OR PROPERTY DAMAGED

Describe Property (if vehicle, year, make, model, license plate)		Vehicle Insurance Company	Vehicle Policy Number
Owner's Name	Address	City, State, Zip	Home Phone Number
Driver's Name (if not owner)	Address	City, State, Zip	Work Phone Number
Describe Damage			
Name(s) of Person(s) Injured in Other Vehicle or Injured Pedestrian			

Name of Person Submitting Report	Position or Title	Report Date
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