

GENERIC AUTO CLAIM REPORT FORM

Insured Name & Address:	
Contact Names & Numbers:	
Date of Loss:	
Location of Loss:	
Police Precinct & Case #	
Description of Loss (Vehicle 1 is your car; Vehicle 2 and/or 3 are the other Vehicle(s):	
Insured Vehicle Make and Model with VIN #:	
Owner Name & Address of Your Vehicle (Vehicle # 1):	
Driver's Name & Address (Vehicle # 1):	
Describe Vehicle 1 Damage:	
Vehicle 2 Owner Name, Address, and Phone #:	
Vehicle 2 Driver's Name, License #, State of License:	
Describe Vehicle 2 Damage:	
Injured Party's Name, Address, and Phone #:	
Witnesses - Name, Address, and Phone #:	

BROWN & BROWN OF GARDEN CITY CLAIMS DEPARTMENT

Available Monday through Friday from 9am – 5pm Eastern Time:

(800) 221-2834 (Outside the NY Tri-State Area)

(516) 247-5900 (NY Tri-State Area)

(516) 217-1352 (Fax)

<p>Account names beginning with: <u>#s, A - H</u></p> <p>SHARON PAPAGNI Claims Account Executive 516-247-5869 sharon.papagni@bbrown.com</p>	<p>Account names beginning with: <u>I - Q</u></p> <p>JOANNE O'NEILL Claims Account Executive 516-247-5812 joanne.oneill@bbrown.com</p>	<p>Account names beginning with: <u>R - Z</u></p> <p>PHYLLIS TAUB Claims Account Executive 516-247-5864 phyllis.taub@bbrown.com</p>
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**No claim can be considered reported until you have received confirmation from
Brown & Brown of Garden City or the insurance company.**