

Motor Vehicle Accident Claim - Personal Injury Protection (PIP)

Insurance Carrier: _____

Claim Number #: _____ Date of Injury: _____

Adjuster Name: _____ Phone Number: _____

Claims Billing Address: _____

City State Zip

What happened?: _____

Where did it happen?: _____

Is an attorney involved? Yes No

(If so, please list the name and phone number of attorney currently working your case)

Name: _____ Phone #: _____

What status is your claim?: Closed Open PIP available PIP exhausted

(please circle)