

INSURANCE CLAIM FORM

Send New Claims to: CITY OF SELMA
 CITY CLERK'S OFFICE
 P.O. BOX 450
 SELMA, AL 36702-0450

Telephone #: (344)874-2102 (Office)
 (334)874-1239 (Fax)

DATE: _____

FROM: _____ TELEPHONE: (____) _____

CITY/TOWN OF: _____

TYPE LOSS: _____ DATE OF LOSS: _____

INSURED DRIVER (IF APPLICABLE): _____

INSURED VEHICLE (IF APPLICABLE): _____

LOCATION OF LOSS: _____

DESCRIPTION OF ACCIDENT/LOSS: _____

CLAIMANT(S): (Use additional sheets if necessary)

1. Name: _____ Age: ____	2. Name: _____ Age: ____
Address: _____ _____	Address: _____ _____
Telephone: (Home) _____ (Work) _____	Telephone: (Home) _____ (Work) _____
Vehicle: _____	Vehicle: _____
Injuries: _____	Injuries: _____
Attorney: _____	Attorney: _____

ATTACHMENTS: Police Report Insured's Statement Medical Bills Claimant's Statement
 Repair Estimate Repair Bills Attorney Letter Other