

***AUTO CLAIM FORM***

PLEASE FAX ALL CLAIMS TO: **Princeton:**  
GR MURRAY AGENCY/ATTN: MARY ANN WILLEVER  
FAX #(609) 924-9221 VOICE #(609) 924-5000 X#103  
Or email to Mwillever@ogy-grmurray.com

**Chatham:**  
OGY AGENCY / ATTN: BEVERLY MCKEEVER  
FAX #(973) 635-1490 VOICE #(973)-635-1800 X#257

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Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Police Dept Notified: \_\_\_\_\_ Case #: \_\_\_\_\_

**VEHICLE #1: (Insured's Vehicle)**

Type of vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN # \_\_\_\_\_ License Plate # \_\_\_\_\_

DRIVER/NAME/ADDRESS/#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Description of Damages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Body Shop Information (if taken)**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**VEHICLE # 2: (other Vehicle)**

Insurance Info: Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN # \_\_\_\_\_ License Plate # \_\_\_\_\_

Driver Info: Name \_\_\_\_\_ D/License # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of Damage to Vehicle: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Description of Accident:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person (s) Injured:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Vehicle # 1 or 2**

**Nature of Injuries:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person (s) Injured:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City/State/ Zip Code:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Vehicle # 1 or 2**

**Nature of Injuries:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

