

Please complete the Claim Submission form to the best of your ability, and include as much loss and claim documentation (including insurance policies with declaration pages, police reports, repair estimates, contents inventories, medical reports, medical bills, photographs, etc.) as you have available. This enables CDR's claims professionals to make a more prompt and thorough evaluation of your claim.

However, you must at least complete the shaded portions of the Claim Submission form.

**SUBMISSION CLAIM FORM
AUTO**

Today's Date:	Date of Loss:	Submit to CDR, 1100 Dexter Avenue N., Seattle, WA 98109. Make sure to include the \$100 claim submission fee.
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1. CLAIMANT INFORMATION

<u>Vehicle Owner:</u>		Driver's License #:
Address/City/State/Zip:		
Hm Ph:	Cell:	Email:
<u>Other Driver:</u>		Driver's License #:
Address/City/State/Zip:		
Hm Ph:	Cell:	Email:

Notes/Comments

2. INSURANCE COMPANY INFORMATION

Insurer:	Adjuster:	
Address/City/State/Zip:		
Office Ph:	Fax:	Other:
Email:		
Other Driver's Insurer:	Adjuster:	
Address/City/State/Zip:		
Office Ph:	Fax:	Email:

3. INSURANCE POLICY INFORMATION

Policy #:	Claim #:	Policy Periods:	
<u>Coverage</u>	Vehicle:	Liability:	PIP:

