

Driver Accident Insurance Claim Form

Personal Information

Full Name

Date of Birth

Contact Number

Email Address

Address

Rideshare Company

Driver ID/Employee Number

Accident Details

Date of Accident

Time of Accident

Accident Location

Description of Accident

Were there any passengers?

Vehicle & Damage Details

Vehicle Make & Model

Vehicle License Plate

Describe Damage

Other Party Information

Other Party Involved?

If yes, provide details

Police Report

Was a police report filed?

Police Report Number

Signature

Signature

Date