



**CHRISTIAN
BROTHERS**
SERVICES

Risk Management Services-Claims
1205 Windham Parkway
Romeoville, IL 60446-1679

Fax Claims to 800-748-6159

Vehicle Claim Report

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Affiliate Contact Information

Location # (example:1299299) _____ **Date of Accident:**_____

Location/Organization's Name:_____

Location Address: _____ **City**_____ **St**____ **Zip**_____

Contact Name: _____

Primary Phone #: _____ - _____ - _____ **ext.** (_____)

Secondary Phone #: _____ - _____ - _____ **ext.** (_____)

Email address: _____

Affiliate's Vehicle Information

VIN # (17digit Vehicle Identification Number): _____

Year: _____ **Make:** _____ **Model:**_____

Is the vehicle drivable: Yes _____ No _____

Name of Repair Shop/Tow Yard:_____

Phone Number:_____ - _____ - _____ **ext.** (_____)

Accident Information

Date of Accident: _____ **Time of Accident:** _____ **AM**____ **PM**____

Accident Location: (Street or Highway)_____

City: _____ **State:**_____ **Zip:**_____

Describe how accident occurred?:_____

Affiliate Driver Information**Page 2 of 3****Was Driver Injured: Yes _____ No _____****Driver's First Name:** _____**Driver's Last Name:** _____**Driver's Address:** _____**City:** _____ **State:** _____ **Zip:** _____**Primary Phone #:** _____ - _____ - _____ **ext. (** _____ **)****Secondary Phone #:** _____ - _____ - _____ **ext. (** _____ **)****Email Address:** _____**Agency Information: if reported to police/fire departments****Reported to Police/Fire Department: No _____ Yes _____ Report #** _____**Name of Police/Fire Department:** _____**City:** _____ **State:** _____ **Zip:** _____**Other Vehicle Information #1****Name:** _____**Address:** _____**City:** _____ **State:** _____ **Zip:** _____**Phone #:** _____ - _____ - _____ **ext. (** _____ **)****Vehicle Make:** _____ **Model:** _____**Point of Impact:** _____ **Was Claimant Injured: Yes _____ No _____**

Other Vehicle Information # 2**Page 3 of 3**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ - _____ - _____ ext. (_____)

Vehicle Make: _____ Model: _____

Point of Impact: _____ Was Claimant Injured: Yes ___ No ___

Witness Information: Witness # 1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ - _____ - _____ ext. (_____)

Witness #2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ - _____ - _____ ext. (_____)

Comment Area:

Is this the First Notice of this claim to Christian Brothers Risk Management Services? Yes___ No___

Signature _____ Date of this report _____

Important – Do not discuss this incident with anyone except Christian Brothers or an authorized Representative thereof. A representative from the Christian Brothers Dedicated Unit at Gallagher Bassett Services will be contacting you upon receipt of this claim to begin processing. The Christian Brothers Dedicated Unit can be reached Monday-Friday, between 7:30 a.m. and 5:00 p.m. Central Standard Time at 877-492-2480.