

# Central Washington Asphalt PROPERTY DAMAGE CLAIM FORM

Auto Damage

Windshield Damage

Other Property Damage

***\*For proper and timely consideration, please complete all applicable sections.***

Owners name: _____ Birth date: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact numbers Home: _____ Work: _____ Other/cell _____
Married or Single: _____ if married, spouse name: _____
Name of insurance company: _____ Policy number: _____
Agents Name: _____ Agents address: _____
City: _____ State: _____ Zip: _____ Phone: _____

*If claim is being made for property damage:*

Describe the property for which this claim is being made: _____ _____
Describe damage: _____ _____

*If claim is being made for vehicle damage:*

Make: _____ Model: _____ Year: _____ License number: _____ State: _____
Drivers name: _____ Drivers Birth date: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact numbers: Home: _____ Work: _____ Other/cell _____
Married or Single: _____ If married, spouses name: _____

*Continued on back for both vehicle and property damage*

Exact location/address of incident: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ A.M. or P.M.

Company name on vehicle or truck: \_\_\_\_\_

Vehicle/truck number: \_\_\_\_\_ License number: \_\_\_\_\_ Trailer Number \_\_\_\_\_

Vehicle/truck drivers name: \_\_\_\_\_

Other identifying information: \_\_\_\_\_

Were you or anyone with you injured? \_\_\_\_\_

Names and phone numbers of those injured: \_\_\_\_\_ None

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

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

Names and phone numbers of witnesses: \_\_\_\_\_ None

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

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

*Describe the incident in detail (include direction of travel and other important information)*

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*If necessary diagram incident*

Total amount you are asking to receive for this claim (*attach two estimates*): \$ \_\_\_\_\_

Please attach photos or any other information pertaining to the claim.

When and where can the property or vehicle be inspected? \_\_\_\_\_

***Please be aware that claims may take up to four weeks to process and respond to.***

*Signature of Claimant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Please return claim form via mail to: **Propel Claims** - P O Box 2940 Tacoma, WA 98401-2940