



## Notification of an Incident or Claim

In the event of a claim, or even a circumstance that you think could turn into a claim, please call our office (405) 843-9191 immediately, or complete this form and either e-mail it to us at [claims@pi-ins.com](mailto:claims@pi-ins.com) or fax it to (405) 843-9190, and we will contact you.

Company named (insured): \_\_\_\_\_

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

Daytime phone number: \_\_\_\_\_ Date and time of loss: \_\_\_\_\_

Description of Loss (specific location, what happened, type and extent of damages, vehicle and driver involved, etc.)

---

---

---

---

---

---

---

---

---

---

Other parties involved (name, address, phone number, description of injuries/damages, vehicle[s] and driver[s]):

---

---

---

---

Witnesses (name, address, phone number):

---

---

---

---

Police or Fire Department to which reported:

---

Person reporting and date:

---

Additional comments:

---

---

---

---

---