

SPECIALTY CLAIMS SERVICES, INC., P.O. BOX 381136, CLINTON TWP., MI 48038 (586) 226-2446

In order to assist us in evaluating your claim, please complete the "General" information section and any following sections which apply. Please be as descriptive as possible. Sign at the bottom and mail to the above address. (Completion of this form does not imply that your claim will be paid or that the Road Commission is liable for your damages.)

G E N E R A L	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: (HOME): _____ (WORK): _____ COUNTY IN WHICH ACCIDENT/INCIDENT OCCURRED: _____ IF A COUNTY VEHICLE WAS INVOLVED, PROVIDE VEHICLE NUMBER: _____ DATE & TIME OF ACCIDENT/INCIDENT: _____ LOCATION OF ACCIDENT/INCIDENT: _____ POLICE NOTIFICATION? YES _____ NO _____ COMPLAINT NUMBER: _____ DESCRIPTION OF ACCIDENT/INCIDENT: _____ _____ _____ WITNESSES: YES _____ NO _____ (If so, provide name, address, and telephone numbers on back of this form.)
I N J U R Y	INJURED? YES _____ NO _____ (If yes, please describe): _____ _____ _____ MEDICAL FACILITY TREATED AT: _____ ARE YOU TREATING NOW? YES _____ NO _____ HAVE YOU LOST ANY TIME FROM WORK?: YES _____ NO _____ (if yes, how long?): _____ NAME, ADDRESS, PHONE NUMBER OF EMPLOYER: _____ _____ DATE RETURNING TO WORK: _____
A U T O	AUTOMOBILE INVOLVED: MAKE: _____ MODEL: _____ YEAR: _____ DESCRIBE DAMAGE: _____ _____ ATTACH (2) ESTIMATES: SHOP #1 EST. \$ _____ SHOP #2 EST. \$ _____ AUTO INSURANCE INFORMATION (Name, Address, Phone Number of Carrier): _____ _____ AGENT'S NAME: _____ POLICY #: _____ COLLISION COVERAGE: YES: _____ NO: _____ DEDUCTIBLE \$ _____ COMPREHENSIVE COVERAGE: YES: _____ NO: _____ DEDUCTIBLE \$ _____ HAS CLAIM BEEN REPORTED TO YOUR CARRIER?: YES: _____ NO: _____
P R O P E R T Y	DESCRIBE PROPERTY DAMAGE: _____ _____ _____ ATTACH (2) ESTIMATES: EST. #1 \$ _____ EST. #2 \$ _____ PROPERTY COVERAGE: YES _____ NO _____ DEDUCTIBLE \$ _____ NAME, ADDRESS, PHONE NUMBER & AGENT'S NAME: _____ _____ _____ POLICY #: _____

SIGNATURE: _____ DATE: _____
 (Required)

NOTE: A police report and a copy of your insurance declaration page (showing policy dates and coverage's, pertinent to accident date) will be required to give full attention to your claim. Any information requested on this form that you fail to supply will only cause delay in the processing of your claim. Please allow 3 to 4 weeks for handling of this claim.