

newclaims@irf.sc.gov
Insurance Reserve Fund
P.O. Box # 11066
Columbia, SC 29211
(803) 737-0020

Date:	Policy#:
Type of Loss:	Phone#:
Insured (Entity):	
Address:	

ACCIDENT

DATE & TIME OF ACCIDENT OR LOSS	A.M. P.M.	LOCATION OF ACCIDENT (including city & state)	POLICE DEPT. TO WHOM REPORTED
DESCRIPTION OF ACCIDENT OR LOSS (Use reverse, if necessary)			

PROPERTY DAMAGE

OWNER	ADDRESS1	HOME PHONE
DESCRIBE PROPERTY (if auto, make, year, etc.)	ADDRESS2	WORK PHONE
DESCRIBE DAMAGE	WHERE CAN PROPERTY BE SEEN?	
REPAIR ESTIMATE?		

INJURIES

NAMES	AGE	ADDRESS	EXTENT OF INJURY	PHONE (HOME / WORK)
(1)				
(2)				
(3)				
(4)				

WITNESS

NAMES	ADDRESS
(1)	
(2)	

REMARKS (Use other side if more room needed.)

IDENTITY OF ENTITY EMPLOYEE MOST KNOWLEDGEABLE OF INCIDENT

HIS/HER PHONE

BEST TIME TO REACH

SUIT

IS CLAIM IN SUIT?	
SUIT NO.	CLAIMANT'S ATTORNEY
WHEN SERVED?	PHONE NO.
DATE REFERRED TO INSURANCE RESERVE FUND?	SIGNATURE