

**DIOCESE OF CLEVELAND  
PROPERTY/CASUALTY INSURANCE DEPARTMENT  
1404 East Ninth Street, Eight Floor – Cleveland, Ohio 44114-1722  
Telephone: (216) 696-6525, 1-800-869-6525, Extension 6490**

**VEHICLE ACCIDENT & DAMAGE REPORT**

If you are involved in a collision and/or sustain damage to a vehicle covered under the D.I.S.C. Master Insurance Program, you must report the incident within **24 hours** of the occurrence. The following outline will assist you in obtaining the required information to report a claim. Vehicle claims may either be phoned in to the Diocesan Property/Casualty Insurance Department at **(216) 696-6525, 1-800-869-6525, extension 4640** or faxed anytime to **(216) 621-9622**.

<b>Insured Location</b>			
Name of Parish, School, Institution			DISC Location Number
Street Address			
City	County	Zip Code	
Phone Number	Pastor, Principal, Administrator		

<b>Occurrence</b>			
Date of Loss	Time of Occurrence	Authority Contacted	Violations/Citations Issued to Whom
Location of Incident (include street names, geographical location, city state)			
Brief Description of Accident/Incident			
Name of Person(s) Injured in Insured's Vehicle		Name & Address of Witness	Witness Phone Number

<b>Insured Vehicle</b>				
Year	Make	Model & Body Type	Vehicle Serial Number	
License Plate Number	Driver's Name (as it appears on driver's license)		Driver's Address, City, State, Zip	
Daytime Phone Number	Driver's Date of Birth	Driver's License Number	Issuing State	Social Security Number
Describe Damage		Estimate Amount	Where Can Vehicle be Seen?	

<b>Property Damaged</b>			
Describe Property (if a vehicle, then the year, make, model, license plate number)		Vehicle Insurance company	Insurance Policy Number
Owners Name	Address	City, State, Zip	Home Phone Number
Driver's Name (if not owner)	Address	City, State, Zip	Work Phone Number
Describe Damage	Name(s) of Person Injured In Other Vehicle or Injured Pedestrian		

Name of Person Submitting Incident Report	Position or Title	Report Date
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