



# TOWN OF ISLIP

## CLAIM FORM

Complete Highlighted areas and return to:

Office of the Town Attorney

655 Main Street

Islip, New York 11751

(631)224-5554

### INCIDENT

NAME	LOCATION, DATE & TIME OF INCIDENT <i>(be specific)</i>	
ADDRESS	DESCRIPTION OF INCIDENT	
PHONE	TOTAL CLAIM AMOUNT \$ <i>(include estimate/receipt)</i>	COMPLAINT #

### AUTOMOBILE

VEHICLE IDENTIFICATION #	YEAR, MAKE, MODEL	PLATE #
NAME OF OWNER	ADDRESS OF OWNER	
NAME OF DRIVER (CHECK IF OWNER <input type="checkbox"/> )	ADDRESS OF DRIVER	
DRIVERS LICENSE #	NAME OF INSURANCE CARRIER	PHONE
DESCRIBE DAMAGE <i>(Use additional sheets if necessary)</i>	ACCIDENT DIAGRAM <i>(Number the vehicles, your vehicle is No.1)</i>	

### PERSONAL

NAME OF INJURED PERSON	ADDRESS	PHONE	
WAS FIRST AID OFFERED? ___ YES ___ NO ___ REFUSED	IF FIRST AID WAS GIVEN, WHO ADMINISTERED NAME	PHONE	
DESCRIBE INJURIES IN FULL DETAIL	ATTACH ADDITIONAL SHEETS IF NECESSARY		
WITNESSES <i>(include Town employees)</i>	NAME	ADDRESS	PHONE

DATE	SIGNATURE
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