

Third Party Claim Form

Please fill out, in detail, the information requested and return your form (with any additional information as specified) to Acme Powerwashing, Inc. at the address listed above. This office will act on the claim as soon as possible.

NOTICE: MAKING REPAIRS PRIOR TO AUTHORIZATION MAY JEOPARDIZE CLAIM ELIGIBILTY.

Claimant's Name:			
		Zip:	
Daytime Phone Number, in	cluding area code: (_)	
Date & Time Incident Occurred:			
of road, intersection, etc. buildings)	Also include landm	ding mile point, name and numbe marks, (i.e. nearby stores, signs	
Describe the incident and	the damage done to y	your property:	
Your Vehicle Make, Model	and Color:		
License Plate Number of y	our Vehicle (Must Be	Included):	

In what way do you believe Acme Powerwashing, Inc to be at fault? (Attach additional sheet if necessary):
Additional Instructions
 Include at least one photograph of the damage to your vehicle or other property. This will help process your claim faster. Attach at least one (1) estimate for repair of vehicle and/or one (1) estimate for damaged property other than motor vehicle. Attach copy of Police Report if one was filed.
List any witness. Attach statement from witness, if available.
Attach or describe any other information applicable to your claim.
CLAIMANT'S SIGNATURE:
State of County of Signed and swom (or affirmed) to before me on(date) by (name/s of person/s making statement).
(Signature of Notary Public)
(Seal) Notice: Any claim sent to Acme Powerwashing, Inc. will be thoroughly investigated. Therefore it could be several weeks before you receive a response either accepting or denying your claim.

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