

INCIDENT INVESTIGATION/CLAIM FORM

Full and complete responses to all of the requested information will assist in the investigation and processing of your potential claim. Failure to provide all of the requested information may delay or adversely affect the investigation and processing of your potential claim.

*****Claim form must be submitted within 14 days of incident to be considered*****

Please complete this form and return it to the following address:
Suds Car wash
3223 N Kickapoo Ave
Shawnee, OK 74804
Telephone (405) 598-7837

Name: _____ Street Address: _____ City: _____

State: _____ Zip: _____ DL #: _____ Daytime Phone #: _____

Vehicle Make: _____ Model: _____ Color: _____ Year: _____ Mileage: _____

License Plate: _____ Vehicle Owner's Name: _____

Owner's Address (if different from yours): _____

Was a Police/Incident Report Filed? Y N If yes, please attach copy.

Police Report/Incident Report # _____ Date Filed: _____

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

Was there an employee present? Y N If yes, did you speak to them? Y N

Describe Vehicle Damage: _____

Was anyone a witness to this incident? Y N If yes, please provide name, address and phone # _____

Describe, in detail, how the incident occurred, including whether the incident was machine related; a collision with a barrier; an incident with the cloth or some other type of incident: _____

Your insurance company's name: _____ Policy #: _____

Insurance agent's name, address and phone #: _____

Please indicate the insurance you have: _____ Liability _____ Collision _____

Other than collision Is your insurance company currently processing a claim for this incident? Y N

If yes, please enter claim #: _____

To expedite processing, please include the following documentation in support of your claim:

- Three competitive estimates from licensed repair facilities
- Photographs reflecting damage to your property
- Police report – if available
- Proof of Purchase (receipt)

Please read and understand the following Certification before signing this form:

I state that my answer on this form are true and correct to the best of my knowledge. I also understand that submitting this form does not indicate that Lighthouse Carwash has accepted responsibility for this matter, and that responsibility will be determined after further investigation and analysis of the facts and circumstances relating to the incident. I further understand and agree that I am providing the requested information voluntarily in order to assist the Lighthouse Carwash Company to investigate the incident, and that, by completing the claims form, I hereby grant my permission to the Lighthouse Carwash Company to the information contained herein and that this form and any additional information may be sent to Lighthouse Carwash Company's insurer or others investigating the incident.

Signature

Date