

# 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.

**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

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

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 licenses 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