ACCIDENT CLAIM FORM

NESHOBA COUNTY, MISSISSIPPI

Date			
Name	Do you Have Insurance		
Address	Name of Company Have you filed this with your Insurance Company		
Phone Number	When		
YearMake	Model	Tag Number	
least two (2) quotes for the repair	of the property. the accident. Please include Dat	port. Pictures of the damaged property and	

Iacknowledg Name	ge this information contained in this Accident Claim is true	and accurate.
Signature		
STATE OF MISSISSIPPI		
COUNTY OF NESHOBA		
aforesaid, the within named_signed, executed and delivered the al	PEARED BEFORE ME, the undersigned in and for the juris , who acknowledged bove and foregoing NESHOBA COUNTY ACCIDENT Clay and year therein set forth and for the purposes therein states.	that he/she LAIM FORM
GIVEN UNDER MY , 200	HAND AND OFFICIAL SEAL OF OFFICE, this the	day of
	NOTARY PUBLIC	_
My Commission Expires		
SEAL		