



AUTOMOBILE CLAIM FORM

Send Form To: P&Lclaims@scac.sc
Phone: 803-771-2530
Cell: 850-933-0491
Fax: 803-252-4556

****Please attach the FR-10, TR-310, Police Reports, or other documentation that is available.****

Member/Contact: Work#: Cell#:
Date of Accident: Accident Time: Weather:
Accident
Description:

Accident Location:
Driver of County Vehicle: Work Phone: Cell Phone:
Drivers License Number: County Dept:
Was Driver Charged: No: Yes: If Yes, What Violations:
Year/Make/Model of County Vehicle: VIN #:

Area of Damage:
Estimate of Damage:
Location of Vehicle:
Other Driver:

Address:
Owner of Vehicle:
Address:
Year/Make/Model of Vehicle:

Area of Damage:
Location of Vehicle:
Injured Persons:
Address:

Type of Injury:
Witness:
Address:

If There is More Than One Claimant Vehicle Involved, Persons Injured, or Witness, Please List Information Below:

Form Completed By: Phone #: Date: