

Accident Information Form:

Your Insurance Company: _____

Policy Number: _____

Car Repair Section:

Name of Car Repair Adjustor: _____

Phone Number: _____

Adjustor Email: _____

Claim Number: _____

Insurance Repair Estimator: _____

Auto Body Shop: _____

Name of Supervisor: _____

Your Repairman if Different: _____

Phone number: _____

Email if utilized: _____

Name of Personal Injury Adjustor: _____

Phone Number: _____

Adjustor Email: _____

Claim Number: _____

*Reminder: once you hire an attorney, you should not contact the adjustor. That is what your attorney is paid to do.

Other Drivers Insurance Co.: _____

Name of Adjustor: _____

Phone Number: _____

Adjustor Email: _____

Claim Number: _____

*Reminder: once you hire an attorney, you should not contact the other driver's adjustor. That is what your attorney is paid to do.

If you have any questions, please call Dr. Chris Quigley@ 617-720-1992

Dr. Christopher Quigley
102 Charles Street, Boston MA 02114
617-720-1992 DrQuigley.com DrChris@DrQuigley.com