

CAR ACCIDENT SAMPLE INTAKE FORM AND PRE-QUAL (35 Fields):

CONTACT INFORMATION-

Client full name:

Primary phone:

Email:

Address:

LEAD INFO-

Type of Accident:

Date of Accident:

Brief Description of accident:

Transported to Hospital:

Transported by Ambulance:

Existing Legal Counsel:

Injury Descriptions:

Medical Treatment:

Driver or Passenger:

People in your car injured:

People in car:

Are you insured:

Insurance Company Name:

Client Full Name:

Policy Number:

Have you filed claim:

Claim Number:

Informed Insurance of Injuries:

Obtain other driver info:

Other Driver Name:

Other Driver Contact Number:

Number of people in other car:

Other driver Insurance Company:

Other driver insurance policy:

Client vehicle description:

How much in car damage for your car?

How much in car damage for other car?

Other driver vehicle description:

Do you have witnesses?

Have pictures:

Location and time of accident: