



CLAIM # _____

ANIMAL COLLISION AFFIDAVIT

**THIS FORM MUST BE COMPLETED BY
A QUALIFIED AUTOMOBILE BODY REPAIR PERSON**

NAME OF INSURED _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF LOSS _____

VEHICLE YEAR _____

MAKE _____

MODEL _____

I have inspected the damage to this vehicle and it is my firm conviction that it is a result of an animal collision.

Signed _____

Shop Name _____

Federal Identification Number _____

Date _____