



## AUTO CLAIM FORM

**THIS FORM MUST BE FULLY COMPLETED AND FILED BY THE CLAIMANT ONLY TO ENSURE PROMPT HANDLING OF YOUR CLAIM. INCLUDE DOCUMENTS SUPPORTING YOUR LOSS SUCH AS PHOTOS, REPORTS, COPY OF VEHICLE REGISTRATION, DIAGRAMS, AND ESTIMATES FOR YOUR LOSS. USE ADDITIONAL SHEET(S) IF NEEDED TO PROVIDE ALL NECESSARY INFORMATION.**

Please answer all items, sign, and email to: [riskclaims@teichert.com](mailto:riskclaims@teichert.com) or via USPS mail to Claims Department, P.O. Box 15002, Sacramento, CA 95851 or fax to (916) 481-6982.

### YOUR INFORMATION

Driver: \_\_\_\_\_ Registered Owner of Vehicle: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_ DOB: \_\_\_\_\_

Your Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Plate No. or VIN \_\_\_\_\_

### INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Police Dept: \_\_\_\_\_ Report Number: \_\_\_\_\_

Location of Incident (Nearest Street/Cross Street): \_\_\_\_\_ Any Injuries? Yes No

Any Passenger(s)? Yes No Passenger(s) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Any witnesses? Yes No Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dollar amount of your claim (***Please attach estimates and supporting documentation***): \_\_\_\_\_

### INCIDENT DESCRIPTION

Please describe the incident in detail:

What do you claim Teichert has done to cause damage or injuries?

# THE INSURANCE FRAUD PREVENTION ACT

## 1871.4.

(a) It is unlawful to do any of the following:

- (1) Make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying any compensation, as defined in Section 3207 of the Labor Code.
- (2) Present or cause to be presented a knowingly false or fraudulent written or oral material statement in support of, or in opposition to, a claim for compensation for the purpose of obtaining or denying any compensation, as defined in Section 3207 of the Labor Code.
- (3) Knowingly assist, abet, conspire with, or solicit a person in an unlawful act under this section.
- (4) Make or cause to be made a knowingly false or fraudulent statement with regard to entitlement to benefits with the intent to discourage an injured worker from claiming benefits or pursuing a claim.

For the purposes of this subdivision, "statement" includes, but is not limited to, a notice, proof of injury, bill for services, payment for services, hospital or doctor records, X-ray, test results, medical-legal expense as defined in Section 4620 of the Labor Code, other evidence of loss, injury, or expense, or payment.

- (5) Make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying any of the benefits or reimbursement provided in the Return-to-Work Program established under Section 139.48 of the Labor Code.
- (6) Make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of discouraging an employer from claiming any of the benefits or reimbursement provided in the Return-to-Work Program established under Section 139.48 of the Labor Code.

(b) Every person who violates subdivision (a) shall be punished by imprisonment in a county jail for one year, or pursuant to subdivision (h) of Section 1170 of the Penal Code, for two, three, or five years, or by a fine not exceeding one hundred fifty thousand dollars (\$150,000) or double the value of the fraud, whichever is greater, or by both that imprisonment and fine. Restitution shall be ordered, including restitution for any medical evaluation or treatment services obtained or provided. The court shall determine the amount of restitution and the person or persons to whom the restitution shall be paid. A person convicted under this section may be charged the costs of investigation at the discretion of the court.

(c) A person who violates subdivision (a) and who has a prior felony conviction of that subdivision, of former Section 556, of former Section 1871.1, or of Section 548 or 550 of the Penal Code, shall receive a two-year enhancement for each prior conviction in addition to the sentence provided in subdivision (b).

The existence of any fact that would subject a person to a penalty enhancement shall be alleged in the information or indictment and either admitted by the defendant in open court, or found to be true by the jury trying the issue of guilt or by the court where guilt is established by plea of guilty or nolo contendere or by trial by the court sitting without a jury.

(d) This section may not be construed to preclude the applicability of any other provision of criminal law that applies or may apply to a transaction.

For your protection, California law requires the following to appear on this form:

***Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in the State of California***

I (name) \_\_\_\_\_ hereby certify that the above statement(s) are true and correct to the best of my knowledge and have read and understand The Insurance Frauds Prevention Act:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date