

Automobile Claim Report

Complete this form so that you can easily report the accident details to your BancorpSouth Insurance Services agent or insurance carrier. This will help ensure prompt and efficient claims handling.

Individual Completing this Report Your Name Policy Holder Name Policy Number Your Company Name Location or Branch / Store # Phone () Cell ()					
			Phone ()	ione () Cell ()	
			Email		
			Today's Date		
			Accident Details		
			Accident Date	Time AM PM	
Accident Location	//// //// /////				
City	StateZip				
Accident Description	ı				
Your Vehicle					
Year Make	Model				
	State				
Vin #					
Damage to your vehi	icle				
Was your vehicle towed?)				
Phone ()					
Your Driver	`				
Name					
Phone ()	Cell ()				
Driver's License #	State				
Date of Birth					
Number of Passengers $_$					
Was anyone injured? Ye	s 🔲 No 🔲				

Police Information		
	t	
Witness		
Name		
Address		
	State Zip	
Phone ()		
Other Vehicle		
Driver's Name		
Driver's License #	State	
Address		
City	StateZip	
Phone ()	Cell ()	
Insurance Company		
Policy Number		
Number of Passengers _ Was anyone injured? Ye	es No No	
Vehicle Year Ma	ke Model	
	State	
Vin #		
Damage to their vehicle		
	eport a Claim lay 8:00 am - 5:00 pm	
Attach additional documents or photos to this form and fax or email to:		
Fax	msclaims@bxsi.com (877) 288-0152 Listed below	
Gulfport / Bay-W	aveland 800-356-3083	
Biloxí	800-277-0856	
Pascagoula	800-356-3083	
Hattiesburg	800-356-3083	
Jackson	800-927-0583	
Tupelo	800-277-0856	
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	er-Hours Claim Reporting	

To locate an office near you visit www.bxsi.com

