

INCIDENT REPORT

This is not an admission of liability or waiver of any limitation or prescription period.

If you wish to make a claim in relation to the incident, or if you any questions regarding EPCOR, please email, mail, or fax your WRITTEN inquires or the particulars to:

Choice TPA 8144 Walnut Hill Ln #1490 Dallas, TX 75231 Tel: 469.640.2509 Fax: 972.919.0008 After Hours: 469.640.2509 Email: <u>TPACLAIMS@CHOICECLAIMS.COM</u>

Contact your INSURERS as you may have coverage to which they can respond immediately.

Your Contact Information:					
Name:					
Address:					
Email Address:	Home Phone: C		Cell Pho	Cell Phone:	
Name of Witness:	Email:		Phone:		
Item(s) Claiming:		Age of Item(s)	: A	mount Being Claimed:	
			\$		
			\$		
		\$			
			\$		
Your Insurance Company and Policy Number (optional):					
Description of Incident/Nature of Claim (please attach a copy of any relevant materials):					