

INCIDENT REPORT

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

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

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

Choice TPA

Address: 1901 N Glennville #451 Richardson, TX 75081

Tel: 469-640-2500 Fax: 972-767-3784

After Hours: 469-640-2509

Email:TPACLAIMS@CHOICECLAIMS.COM

Your Contact Information:						
Name:						
Address:						
Email Address:		Home Phone:	none: Cell		Phone:	
Name of Witness:		Email:		Phone:		
Item(s) Claiming:			Age of Item(s)):	Amount Being Claimed:	
					\$	
					\$	
					\$	
					\$	
Your Insurance Company and Policy Number (optional):						
Description of Incident/Nature of Claim (please attach a copy of any relevant materials):						