

Accident/Loss Information

Please follow these steps when recording all available claim information.

1. OTHER VEHICLE INVOLVED

Make of Vehicle _____ Year _____

Type _____

Plate No. & State _____

Driver _____

Address _____

Phone (H) _____ (W) _____

Owner _____

Address _____

Phone (H) _____ (W) _____

Describe Damage _____

Insurance Company _____

Policy Number _____

2. WITNESSES/OCCUPANTS

Witness Occupant

Name _____

Address _____

Phone (H) _____ (W) _____

Witness Occupant

Name _____

Address _____

Phone (H) _____ (W) _____

3. PERSONS INJURED

Name _____ Age _____

Address _____

Phone (H) _____ (W) _____

Nature of Injuries _____

Seat Belt Used: Yes _____ No _____

Name of Hospital _____

Name _____ Age _____

Address _____

Phone (H) _____ (W) _____

Nature of Injuries _____

Seat Belt Used: Yes _____ No _____

Name of Hospital _____

Name _____ Age _____

Address _____

Phone (H) _____ (W) _____

Nature of Injuries _____

Seat Belt Used: Yes _____ No _____

Name of Hospital _____

4. POLICE INVESTIGATION

Yes No

Police Department _____

Officer's Name _____

ID No. _____

Department Location _____

Incident Number _____

5. DATE, TIME AND PLACE OF ACCIDENT

Date _____ Time _____ a.m./p.m.

State _____ County _____

6. PROPERTY DAMAGE OTHER THAN VEHICLE

(mailbox, buildings, fence, personal effects, etc.)

Property Owner _____

Address _____

Phone (H) _____ (W) _____

Describe Damage _____

7. DRIVER ACCOUNT OF ACCIDENT

How fast was your vehicle going at the time of the accident? _____

What was the speed of the other vehicle? _____

Explanation of the accident:

Draw a diagram of the accident below: