

**J. Pekala & Associates**  
**110 Kimberly Way**  
**Hatfield, PA 19440**  
**Office: 1-888-829-6505**  
**Fax: 1-215-723-7866**

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**Automobile Accident Report**

Please furnish the following information for prompt handling of your claim.  
You may call this information in to our office or you may fax or mail this form to us.

**Customer Information**

Insured's Name (as it appears on policy) \_\_\_\_\_

Address 1 (Street) \_\_\_\_\_

Address 2 (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective Date \_\_\_\_\_

Date Reported \_\_\_\_\_

Reported by: ( Name) \_\_\_\_\_ (Title) \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Fax \_\_\_\_\_ (E-Mail) \_\_\_\_\_

Date of Loss \_\_\_\_\_ Time of Loss \_\_\_\_\_ A.M. / P.M.

**Accident Information**

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Location of Accident (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Police Dept. reported to \_\_\_\_\_ Officer's Name/Badge No \_\_\_\_\_

Report No. \_\_\_\_\_ Violation issued \_\_\_\_\_

Description of Accident- Describe fully

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**Insured's Vehicle and Driver Information**

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VIN # \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle No. on policy \_\_\_\_\_ State \_\_\_\_\_

Are you insured with any other insurance company? No/Yes

If yes, what company? \_\_\_\_\_

Name of driver \_\_\_\_\_

Phone No.: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Relation to insured (employee, volunteer, family, etc.) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Purpose of Use \_\_\_\_\_

Used with permission? Yes / No

Describe damage to insured vehicle

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**Property Damage to Others**

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Owner of Property/Vehicle \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Driver \_\_\_\_\_ Phone # \_\_\_\_\_

(If different from above address)

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Describe damage to insured vehicle

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Other vehicle or property insured? Yes/ No If yes, state company or agency name, phone #, and policy #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Repair Estimate \_\_\_\_\_

Where can vehicle be seen? \_\_\_\_\_

When? \_\_\_\_\_

Passenger in other vehicle (Use additional paper if necessary)

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Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone No \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Injuries \_\_\_\_\_

Witnesses

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It is critical to give full name and address of every person who knows anything about the accident. (Use extra paper if necessary.)

Name \_\_\_\_\_ Phone No: Home \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No: Home \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_