

## 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

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**

**Insured's Vehicle and Driver Information**

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

**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 #**

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

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

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

**Passenger in other vehicle (Use additional paper if necessary)**

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

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

Address \_\_\_\_\_

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

Injuries \_\_\_\_\_

**Witnesses**

**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 \_\_\_\_\_