

## AUTOMOBILE ACCIDENT INFORMATION

Check one:

PERSONAL AUTO CLAIM

COMMERCIAL AUTO CLAIM

Today's Date:

Name, Address And Phone Number Of Policyholder:

Policy #:

Date Of Loss:

Time Of Loss:

Location of Accident:

City and State:

Describe how accident happened:

Police department responding:

Police Report #:

### **INFORMATION REGARDING YOUR VEHICLE**

Year Make and Model:

VIN #

Color:

License Plate #:

Name, address and telephone # of DRIVER of your vehicle:

Driver's License #

Was there damage to your vehicle?    YES   /   NO

If Yes, describe damage:

Were there any injuries to any one in your vehicle?    YES   /   NO

Name, address and phone number of injured party:

**Describe Injuries and any known medical treatment:**

**INFORMATION REGARDING OTHER VEHICLE:**

**Name, Address and phone # of OWNER of Other Vehicle:**

**Year, Make and Model:**

**VIN #**

**Color: License Plate #:**

**Other Vehicle's Insurance Company Name and Policy #:**

**Name, address and telephone # of DRIVER of Other Vehicle:**

**Driver's License #**

**Was there damage to Other vehicle? YES / NO**

**If Yes, describe damage:**

**Were there any injuries to any one in other vehicle? YES / NO**

**Name, address and phone number of injured party:**

**Describe Injuries and any known medical treatment:**

**Additional Info Or Comments:**

**Name and phone # of person reporting claim:**

**Who should we contact regarding this claim?**

**Name:**

**Phone #:**