



AUTOMOBILE ACCIDENT REPORT

REPORT ALL ACCIDENTS OR LOSSES IMMEDIATELY, especially if anyone was injured, followed by mail report.

Policy Number:
Period:
Comp.: Ded.:
Coll.: Ded.:
Med.:
PLPD:
Claim No.:

1. POLICY HOLDER AND DRIVER

Policy Holder(s): SSN:
Occupation/Title: E-mail Address:
Home Address: Phone:
Work Address: Phone:
Driver's Name: Relationship to Owner:
Address: Phone:
Driver's License No.: Years of driving experience: Driver's Age:
Date Issued: Will Expire: Who authorized him/her to drive?
Name occupants of Policyholder's car: How often do you drive?

2. POLICYHOLDER'S AUTOMOBILE

License Plate No. Year: Model: Make:
Body Type: Motor No.: VIN:
Name or Holder of Mortgage, if any:

3. DATE AND PLACE

Date: Time:
Where did accident occur? City: State:
Purpose for which car being used: Car now at:
Was accident reported to our attorney or adjuster?: If so, indicate firm:

4. WITNESSES/THIS IS IMPORTANT/ The names and addresses of all witnesses, bystanders or people in the immediate vicinity, who may have seen the accident or heard any statement made, should be secured.

Give below Street No., City and State

Name: Address:
Name: Address:
Name: Address:
Name: Address:

5. THE ACCIDENT/GIVE COMPLETE DETAILS

Direction my automobile was going: What side of street?:
How fast?: Speed Limit: Were your headlights on?: Signals?
Condition of Street:
If object collided with was moving, in what direction was it going?
How fast? What side of street?: Any signals given?:
If an automobile, were lights on?: Was either driver violating traffic regulation?:
Were traffic controls present?: If so, indicate where and type on diagram below.
Was accident investigated by police?: Was car towed?:
Was anyone charged?: Who?:

6. DAMAGE TO PROPERTY OF OTHERS (NOT YOUR CAR)

Name and address of owner of damaged auto or other property: _____

Name of other party's insurance carrier?: _____

Year: _____ Model: _____ Make: _____ Body Type: _____

Give the nature and extent of damage to auto or other property: _____

Estimated Repair Cost: \$ _____

Name of driver of other car: _____ Address: _____

Occupants of other car: _____ Address: _____

Address: _____

Where can investigator see other car? _____

7. STATE FULL DETAILS OF HOW ACCIDENT HAPPENED (Please continue on Page 3, if necessary)

Use diagram to show the position of all vehicles, injured person, stop signs and other objects.
Use arrows (↖) to show direction of moving objects. Give Names of Streets. Mark X where collision occurred.
(Please continue on Page 3, if necessary)

8. PERSONAL INJURIES

	Injured's Name	Addresses (Business & Home)	Injuries
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Name and address of Doctor called: _____

Where was injured person taken?: _____

Where was injured person at time of accident?: _____

Do you anticipate claim being made against you? _____

7. (CONTINUATION) STATE FULL DETAILS OF HOW ACCIDENT HAPPENED

Use diagram to show and position of all automobiles, vehicles, injured person, stop signs and other objects. Use arrows (↙) to show direction of moving objects. Give Names of Streets. Mark X where collision occurred.

IMPORTANT!: Is claim being made against you? YES NO Are you making claim against other party? YES NO
Are you filing claim against your policy? YES NO

If the facts were such that you would be held solely negligent and therefore liable for the damage, we should pay it. If you were not solely negligent and if the accident was partly due to the negligence of the other party, you would not have to pay, and the Company should not pay on your behalf. Please give us as impartial an opinion as possible on this point. **In my opinion, I am / am not properly liable for the damage.**

CERTIFICATE I certify that the foregoing is true and correct to the best of my knowledge and belief.

Policyholder's Name & Signature: _____ Date: _____

Driver's Name & Signature: _____ Date: _____