

# TIMESAVER NOTICE: Please Place This In The Glove Box Of Your Vehicle for Ready Reference

**Prompt, detailed claim reporting controls your claim costs.** Use this form to record pertinent data from the accident to assist us in providing prompt investigation and service.

In case of an accident:

- ' **Try to keep calm. Call the police.**
- ' **Note the date, time and location of the accident.**
- ' **Do not leave the scene of the accident .**
- ' **Do not admit responsibility at the scene.**
- ' **Limit the information about your insurance coverage to what is on your**
  
- ' **REPORT ALL LOSSES TO US**

## RECORD ACCIDENT FACTS BELOW USE THE BACK FOR ADDITIONAL INFORMATION

Accident: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Other Driver/Pedestrian Name \_\_\_\_\_ Complaints of Injury? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Other Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

**Other Vehicle License Plate #:** \_\_\_\_\_ **Investigating Police Department:** \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Witness 1 Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Witness 2 Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

List Passengers in ALL vehicles:

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Telephone</u>	<u>Complaints of Injury?</u>

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