



## Auto Accident Report

### What to Do in the Event of a Motor Vehicle Accident

PEOPLE | COMPANIES | INSURANCE | ADVISORS

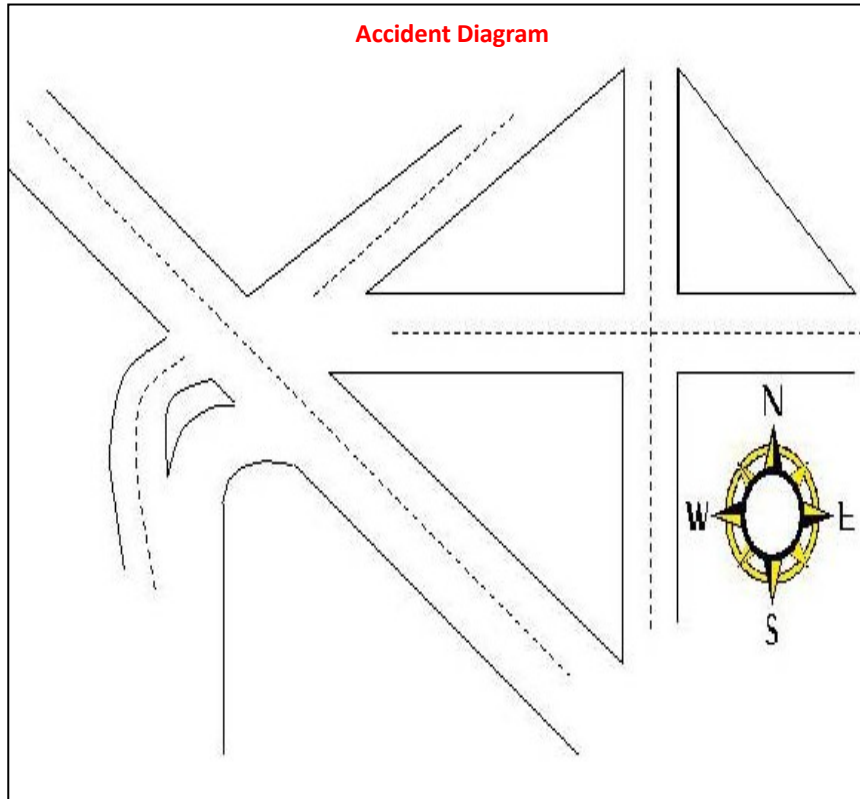
<b>Insurance Company</b>								
<b>DATE OF ACCIDENT:</b>		<b>TIME OF ACCIDENT:</b>		AM PM		<b>POLICY NUMBER:</b>		
<b>Insured Information</b>				<b>Contact Information</b>				
NAME AND ADDRESS:				NAME: PHONE NUMBER: E-MAIL ADDRESS:				
<b>Loss Description</b>								
LOCATION OF ACCIDENT (include City and State):				DESCRIPTION OF ACCIDENT (use separate sheet, if necessary):				
AUTHORITY CONTACTED:			VIOLATIONS / CITATIONS?			REPORT #:		
<b>Insured Vehicle</b>								
YEAR:		MAKE:		MODEL:				
PLATE NUMBER:			STATE:		VIN:			
OWNERS NAME & ADDRESS:								
DRIVER'S NAME AND ADDRESS (check if same as owner):				RELATION TO INSURED (Employee, family, etc.):				
DATE OF BIRTH:		DR LICENSE NO.:		STATE:		PURPOSE OF USE:		
<b>Describe Damage</b>								
ESTIMATE AMT: \$			WHERE CAN VEHICLE BE SEEN?					
OTHER INSURANCE ON VEHICLE:								
<b>Other Vehicle(s) or Property</b>								
VEHICLE? Yes <input type="checkbox"/> No <input type="checkbox"/>								
DESCRIBE PROPERTY (if auto, year, make, model, plate number):				OTHER VEH/PROP INS? Yes <input type="checkbox"/> No <input type="checkbox"/>				
				CO / AGENCY NAME:		POL NO.:		
OWNER'S NAME & ADDRESS:				RESIDENCE PHONE (A/C No):				
				BUSINESS PHONE (A/C, No, Ext):				
OTHER DRIVER'S NAME & ADDRESS:				RESIDENCE PHONE (A/C No):				
SAME AS OWNER? Y / N				BUSINESS PHONE (A/C, No, Ext):				
<b>Describe Damage:</b>								
ESTIMATE AMT: \$			WHERE CAN DAMAGE BE SEEN?					
<b>Injured</b>								
NAME & ADDRESS		PHONE (A/C, No)		PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
<b>Witnesses or Passengers</b>								
NAME & ADDRESS		PHONE (A/C, No)		INS VEH	OTH VEH	OTHER (specify)		



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#### Checklist Done

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. <b>Take precautions</b> and steps to prevent additional damage  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <b>Call authorities</b> if someone is injured to request medical assistance.<br>If there is fire, call the Fire Department.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <b>Be courteous</b> – Answer police questions. Give identifying information to the other party. Express concern, but <b>make NO assumption of fault</b> .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <b>Take photos</b> – Take pictures of vehicles, any prior and new damage, street or speed signs, and roadway conditions. Include skid marks, other property damage, license plates, etc.          | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <b>If vehicle is not safety drivable</b> , arrange for tow to nearby body shop.<br>Do NOT give authorization for repairs until the insurance company has an opportunity to inspect the damage.    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <b>Report accident to Professional Concepts Insurance Agency within 24 hours</b> –<br>Include any that occur in a rental car or employee’s personal automobile while in the course of employment. | <input type="checkbox"/> | <input type="checkbox"/> |