

Sample of Accident Card (in English)

Front Side

ACCIDENT REPORTING FORM: CALL YOUR AGENT TO REPORT YOUR LOSS

ACCIDENT INFORMATION

DATE: _____ TIME: _____
VEHICLES INVOLVED: _____
LOCATION: _____
TOWN: _____ STATE: _____
YOUR VEHICLE: _____
NAME OF INSURED OPERATOR: _____
RELATION TO INSURED: _____
OPERATOR ADDRESS: _____
OPERATOR CITY/STATE: _____ ZIP: _____
OPERATOR HOME PHONE #: () _____ CELL PHONE: () _____

PEDESTRIAN INFORMATION

NAME: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____
HOME PHONE: () _____ CELL PHONE: () _____

INSURANCE AGENT: _____

PHONE #: _____

OTHER VEHICLE INFORMATION

OWNER: _____
ADDRESS (OWNER): _____
CITY/STATE: _____ ZIP: _____
HOME PHONE: () _____ CELL PHONE: () _____
NAME OF OPERATOR OF OTHER VEHICLE: _____
RELATION TO OWNER: _____
DRIVER'S LICENSE #: _____
EXP. DATE: _____
PLATE REGISTRATION: _____
STATE: _____ EXP: _____
YEAR OF VEHICLE: _____ MAKE: _____
MODEL: _____
INSURANCE COMPANY: _____

Back Side

WITNESSES

1) NAME: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____
HOME PHONE: () _____ CELL PHONE: () _____

2) NAME: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____
HOME PHONE: () _____ CELL PHONE: () _____

PLEASE PROVIDE THE FOLLOWING WHEN YOU CONTACT THE CLAIM OFFICE:

- Your Operator Name, License # & Date of Birth
- Your Vehicle Year, Make & Registration
- Your Policy #

INJURIES

1) NAME: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____
HOME PHONE: () _____ CELL PHONE: () _____
DESCRIPTION OF INJURIES: _____
LOCATION OF INJURED PARTY: YOUR VEHICLE OTHER VEHICLE

2) NAME: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____
HOME PHONE: () _____ CELL PHONE: () _____
DESCRIPTION OF INJURIES: _____
LOCATION OF INJURED PARTY: YOUR VEHICLE OTHER VEHICLE