



Accident Report Form

Claims Department Contact: Kathy Watkins

732-380-0900 x 402

fax: 732-380-0909 attn:

Kathy Watkins

claims@worldins.net

**Please fill out form as completely as possible.*

Date & Time of Accident: _____

Driver's Name: _____

Company's Name & Phone: _____

Company's Address: _____

Your Dispatching Office (city): _____

Location of Accident (include city/state): _____

Describe the Accident / Loss (more room on back):

Year, Make, Model, Plate Number of Your Vehicle:

Your Vehicle's VIN (vehicle ID number): _____

Describe Damage to Your Vehicle: _____

Describe Damage to Property You were Transporting:

Other Party Involved in Accident:

Driver's Name/Address/Phone No.: _____

Number of Passengers: _____

Injuries (yes or no)? _____ Describe them:

Owner Name/Address/Phone (check if same as Driver):

Year, Make, Model, Plate Number of Other Vehicle:

Insurance Information:

Company Name: _____

Policy Number: _____

Effective Date: _____

Describe Damage to Other Vehicle and/or Property:



Police Involvement? (yes/no) _____

Police Dept. Making Report: _____

Police Officer Name and Badge #: _____

Police Report Number: _____

Citation Issued (yes / no)? _____

To You?: _____ To Other Party? _____

Describe Citation(s): _____

Police Dept. Making Report: _____

Driver Information:

Driver's License No.: _____

Driver's Date of Birth: _____

Driver's Date of Hire: _____

Witness:

Name/Address/Phone No.: _____

Full Description of the Accident:

Note: Please attach a copy of the registration and forward with this form!

Completed By: _____

Date: _____

Sketch:

Mark plainly on the plan below the position of all objects involved (vehicles, pedestrians, etc.). Use dotted lines and arrows to show paths taken by each.

