

ACCIDENT REPORT CLAIMANT STATEMENT You Must Answer All Questions

DESCRIPTION OF YOUR CAR

CLAIM NO: _____

Make _____ Year _____ Body Type _____ Lic. Plate/State _____

Owner _____ Date of Birth _____ Married? Y N

Address _____ Floor/Apt# _____ City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Driver's License No. _____ State _____ E Mail _____

Driver _____ Date of Birth _____ Married? Y N

Address _____ Floor/Apt# _____ City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Driver's License No. _____ State _____ E Mail _____

For what purpose was car being used at time of accident _____

Describe damages to your car _____

Drivers Relationship To Owner _____ Is damage over \$500? Y N Is Car Drivable? Y N

If car is not drivable, where can car be seen _____

List dates of prior accidents _____

Describe any prior damage to your vehicle: _____

Insurance company, claim or policy number _____ Number Occupants (Inc. Driver) _____

DESCRIPTION OF OTHER CAR

Make _____ Year _____ Body Type _____ Lic. Plate/State _____

Owner _____ Date of Birth _____ Married? Y N

Address _____ Floor/Apt# _____ City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Driver _____ Date of Birth _____ Married? Y N

Address _____ City _____ State _____ Zip _____

Driver's License No. _____ State _____ E Mail _____

Describe damages to other car _____

Insurance company, claim or policy number _____ Number Occupants (Inc. Driver) _____

TIME, PLACE AND FACTS OF LOSS

Date of accident _____ Year _____ Time _____ AM PM Daylight or Dark? _____

Location _____ City _____ State _____

Type of road _____ Wet or Dry _____ Weather _____

Your direction _____ On what street _____

Their direction _____ On what street _____

Did you have a stop sign, traffic control or traffic light _____ Other Party _____

Did you fail to observe stop sign or traffic light _____ Other Party _____

Were you ticketed for any traffic violations _____ Other Party _____

What violations? _____

Did you admit blame for accident? _____ Other Party _____

Was accident reported to police? Y N Which police dept. (City or Town) _____

Police Report No. _____ Desk Report or On Scene _____

***** Be Sure To Complete And Sign The Other Side Of This Form *****

ALL OTHER WITNESSES

List all witnesses to the accident who were not passengers in either car:

Name Age Address Phone No.

BODILY INJURY

Was anyone injured (please state yes or no)_____ If yes, give name, date of birth, sex and address of all persons injured in the accident:

Name DOB Address Type of Injury In Which Vehicle

Hospital Taken To _____

Doctor _____ Address _____

OTHER INSURANCE

Do you have coverage for Collision – Liability – Health Insurance – Doctor’s Bills?

If so, list the companies and coverages: _____

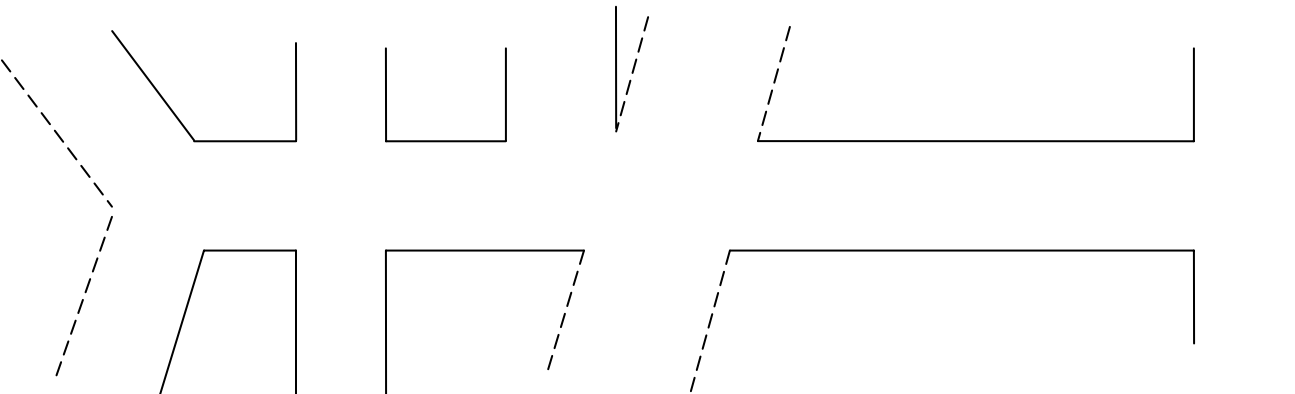
Policy or Claim # _____

ATTACH ANOTHER SHEET OF PAPER IF MORE SPACE IS NEEDED

IMPORTANT

Describe in your own words how the accident happened:

Please show on diagram the names of streets, directions and locations of objects concerned, and TRAFFICE SIGNS and STOP SIGNS. Mark your car “A”, other car “B”, showing the points of impact and where vehicles stopped after collision. Include any helpful information. Indicate NORTH by arrow.



Signature _____

Date _____