

Automobile Accident Information



Please Print Clearly, this information is needed to properly process your claim.

Print Your Name _____

Date & Time of Accident _____ Accident Occurred in State of _____

Specific Location of Accident - Town & Street _____

Describe the accident in detail. Include where the vehicle was hit, from what direction and how much damage occurred.

Were you the driver? Yes No If "No", who was? _____

Was it your vehicle? Yes No If "No", whose car was it? _____

What type of vehicle were you in? Car SUV Pickup Truck Other _____

What type of vehicle were you hit by? Car SUV Pickup Truck Other _____

Were you charged with the accident? Yes No If "No", who was? _____

Did you go to the hospital immediately? Yes No If "Yes", where? _____

Were you wearing seat belts? Yes No Were you knocked unconscious? Yes No

Have you ever had a previous accident that caused you to see a doctor? Yes No If "Yes", explain below.

Do you have automobile accident insurance? Yes No If "Yes", give name & contact information of company.

Did you report the accident to your insurance company? Yes No If "Yes", when? _____

Did you get a police report? Yes No If "Yes", please give us a copy.

Do you have any other group or health insurance? Yes No If "Yes", provide information below.

Have you retained an attorney? Yes No If "Yes", please give name and phone number below.

Today's Date _____ **Your Signature Please** _____