

TIMESAVER NOTICE:

Please Place This In The Glove Box Of Your Vehicle for Ready Reference

Prompt, detailed claim reporting controls your claim costs. Use this form to record pertinent data from the accident to assist us in providing prompt investigation and service.

In case of an accident:

- ' **Try to keep calm. Call the police.**
- ' **Note the date, time and location of the accident.**
- ' **Do not leave the scene of the accident .**
- ' **Do not admit responsibility at the scene.**
- ' **Limit the information about your insurance coverage to what is on your Financial Responsibility card.**
- ' **REPORT ALL LOSSES TO US IMMEDIATELY. CALL :** _____
24 hours a day, 365 days a year.

RECORD ACCIDENT FACTS BELOW USE THE BACK FOR ADDITIONAL INFORMATION

Accident: Date: _____ Time: _____ Location: _____

Other Driver/Pedestrian Name _____ Complaints of Injury? _____

Address: _____ City: _____ State: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Other Vehicle Make: _____ Model: _____ Year: _____ Color: _____

Other Vehicle License Plate #: _____ **Investigating Police Department:** _____

Insurance Company: _____ Policy #: _____

Witness 1 Name: _____ Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Witness 2 Name: _____ Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

List Passengers in ALL vehicles:

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Telephone</u>	<u>Complaints of Injury?</u>

Please place this in the glove box of your car for ready reference