

Please Keep this in your Glove Box

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 (id card).
- REPORT ALL LOSSES TO US IMMEDIATELY. CALL ME AT (559) 940-7256. Or you may call the insurance company directly at the number on your ID card.

RECORD ACCIDENT FACTS BELOW

Accident: Date: _____ Time: _____ Location: _____

Other Driver/Pedestrian Name _____

Address: _____ City: _____ State: _____

Phone Numbers: (Home) _____ (Cell) _____

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

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

Insurance Company: _____ Policy #: _____

Witness 1 Name: _____ Email: _____

Phone Number: (Home) _____ Cell: _____

Witness 2 Name: _____ Email: _____

Phone Number: (Home) _____ Cell: _____

List Passengers in ALL vehicles:

<u>Name</u>	<u>Email</u>	<u>Phone Number</u>	<u>Complaints of Injury?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____