

ACORD™ AUTO ACCIDENT INFORMATION FORM

KEEP THIS DOCUMENT IN YOUR GLOVE COMPARTMENT

IF YOU HAVE AN ACCIDENT, use this form to record the facts about the accident, including names and address of all parties involved, and any witnesses to the accident. Give the completed form to your insurance agent or company, or provide the information by phone.

DATE OF ACCIDENT AND TIME		LOCATION OF ACCIDENT (INCLUDE CITY & STATE)	
<input type="text"/> <input type="text"/> <input type="text"/> AM <input type="text"/> <input type="text"/> <input type="text"/> PM			
DESCRIPTION OF ACCIDENT (USE REVERSE SIDE IF NECESSARY)			
AUTHORITY CONTACTED AND REPORT #		ANY VIOLATIONS/CITATIONS AS A RESULT OF THE ACCIDENT (DESCRIBE)	

PROPERTY DAMAGED (NOT YOUR VEHICLE)

DESCRIBE PROPERTY (If auto, year, make, model, plate #)		INSURANCE COMPANY	
OWNER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):	
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)		BUSINESS PHONE (A/C, No, Ext):	
DRIVER'S LICENSE NUMBER		RESIDENCE PHONE (A/C, No):	
DESCRIBE DAMAGE		BUSINESS PHONE (A/C, No, Ext):	
		WHERE CAN DAMAGE BE SEEN?	

INJURED PARTIES

NAME & ADDRESS	PHONE (A/C, No)	AGE	DESCRIBE INJURY
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR			
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR			

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)

YOUR INSURED VEHICLE

YEAR	MAKE	MODEL	PLATE NUMBER	STATE
OWNER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):		
DRIVER'S NAME & ADDRESS (Check if same as owner)		BUSINESS PHONE (A/C, No, Ext):		
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE
DESCRIBE DAMAGE		WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO
YOUR INSURANCE COMPANY NAME		YOUR POLICY NUMBER	YOUR AGENT'S NAME	

POLICYHOLDER INFORMATION

POLICYHOLDER'S NAME & ADDRESS	RESIDENCE PHONE (A/C, No):
REMARKS	BUSINESS PHONE (A/C, No, Ext):