

## Accident Checklist

Call us 24/7 toll-free at

**1-866-912-6926**

to file your claim.

Experiencing a car accident can be stressful. This checklist will help guide you through the initial steps in case of an accident. Please keep this list and the liability certificate in your car.

1. Call 911 immediately if anyone is injured
2. Move your vehicle to the side if it's safe to do so
3. Take photos of the accident scene, if possible, to collect evidence
4. Fill out the form on the right to record information about your accident
5. Only provide information about the accident to a police officer; remember to get the officer's name and badge number, and don't admit fault or take the blame for the accident at the scene—your insurer will determine who's at fault later
6. Get the names and addresses of witnesses and everyone injured by the accident, regardless of how minor they are
7. Call us to let us know the details of your accident; we're here to facilitate the process and help get your claim processed as quickly as possible

### Accident Notes

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Accident Location: \_\_\_\_\_

#### Other Driver 1

License Plate: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Tel: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_

#### Other Driver 2

License Plate: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Tel: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_

#### Witness 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Tel: \_\_\_\_\_

Home Tel: \_\_\_\_\_

#### Witness 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Tel: \_\_\_\_\_

Home Tel: \_\_\_\_\_

#### Injured Party 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Tel: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Injury Details: \_\_\_\_\_

#### Injured Party 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Tel: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Injury Details: \_\_\_\_\_

#### Police Investigation

Name: \_\_\_\_\_

Badge Number: \_\_\_\_\_

Division: \_\_\_\_\_

Report Number: \_\_\_\_\_