

CLAIM #: \_\_\_\_\_

### CLAIMANT'S REPORT OF ACCIDENT (AUTO)

Please refer to page 4 for Instructions in completing this form.

\*Date: \_\_\_\_\_ 20 \_\_\_\_\_

\*AGAINST \_\_\_\_\_  
(owner of other auto)

\*CLAIMANT'S NAME \_\_\_\_\_ Email \_\_\_\_\_  
(owner of damaged property)

\*ADDRESS \_\_\_\_\_ \*Phone \_\_\_\_\_  
# and Street City State Zip code

**\*DESCRIPTION OF YOUR AUTO (This entire section is mandatory.)**

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ License # \_\_\_\_\_

Registered Owner \_\_\_\_\_ Full Address \_\_\_\_\_

Name of Driver \_\_\_\_\_ Age \_\_\_\_\_ Full Address \_\_\_\_\_

Do you carry collision insurance on Your vehicle? Check:  YES OR  NO

If "Yes" what is the name of Your insurance company? \_\_\_\_\_ Policy / Claim #: \_\_\_\_\_

Estimated cost of repairs to Your car: \$ \_\_\_\_\_ Car now at \_\_\_\_\_

**PROPERTY DAMAGED OTHER THAN AUTOMOBILE**

Describe Property \_\_\_\_\_

Estimated cost of Repairs of Replacement \_\_\_\_\_ Location \_\_\_\_\_

**\*WAS ANYONE INJURED?  YES OR  NO \*IF "YES", THE FOLLOWING IS MANDATORY:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Describe Injuries \_\_\_\_\_

Medical Treatment Required?  YES OR  NO If "Yes", where \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Describe Injuries \_\_\_\_\_

Medical Treatment Required?  YES OR  NO If "Yes", where \_\_\_\_\_

**\*LIST OCCUPANTS OF YOUR AUTOMOBILE (This entire section is mandatory.):**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**\*DESCRIPTION OF OTHER AUTOMOBILE (This entire section is mandatory.):**

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Type/Model \_\_\_\_\_ License # \_\_\_\_\_

Driver \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Where there any occupants other than the driver?  YES OR  NO If "Yes", how many? \_\_\_\_\_

**IMPORTANT: LIST WITNESSES NOT IN EITHER AUTOMOBILE INVOLVED:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**STATEMENT OF ACCIDENT - Please answer every question.**

\*Accident Date \_\_\_\_\_ 20\_\_\_\_ \*Time \_\_\_\_\_ \*O'clock \_\_\_\_\_ m

\*Location of accident \_\_\_\_\_  
(street or highway) – (At or near cross street or town)

\*City \_\_\_\_\_ \*County \_\_\_\_\_ \*State \_\_\_\_\_

Direction you were traveling? \_\_\_\_\_ What Street? \_\_\_\_\_ Speed \_\_\_\_\_

Direction other car was traveling? \_\_\_\_\_ What Street? \_\_\_\_\_ Speed \_\_\_\_\_

Did either driver violate any traffic law?  YES OR  NO If "Yes", which car? \_\_\_\_\_ Explain \_\_\_\_\_

If an intersection accident: Speed of each car as it entered the intersection: Your Car \_\_\_\_\_ Other Car \_\_\_\_\_

Which car entered the intersection first? \_\_\_\_\_

Was the view of either driver obstructed?  YES OR  NO Speed limit at the point of accident \_\_\_\_\_

Where was the other car when you first saw it? \_\_\_\_\_

Where was your car at the time? \_\_\_\_\_

If accident happened at night, did the vehicles have lights on? Your Car: Headlights  Tail Lights  Brake Lights   
Other Car Headlights  Tail Lights  Brake Lights

\*Weather conditions at the time of the accident (Check all that apply): Wet  Dry  Fog  Rain  Snow/Ice

Length of skid marks left by your car: \_\_\_\_\_ Other Car \_\_\_\_\_

\*What did you say at the scene about the accident? \_\_\_\_\_

\*What did the other driver say? \_\_\_\_\_

\*Was there any indication of intoxication?  YES OR  NO If "Yes", in which car? \_\_\_\_\_

\*Date Accident was reported to Police Department \_\_\_\_\_

\*Station / Department \_\_\_\_\_ City \_\_\_\_\_

\*Either driver Cited or Arrested?  YES OR  NO \*IF "YES", THE FOLLOWING IS MANDATORY:

Whom? You?  Other driver?  Charges? \_\_\_\_\_

Date of Hearing \_\_\_\_\_ Place \_\_\_\_\_ Name of Judge \_\_\_\_\_

**\*IMPORTANT! : DESCRIBE IN YOUR OWN WORDS HOW THE ACCIDENT OCCURRED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_



**INSTRUCTIONS:** This claim form needs to be completed, signed, and returned as soon as possible. \* Items marked with an asterisk are mandatory fields.

### **FRAUD WARNING**

- AK** - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
- AZ** - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- AR & LA** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- CA** - For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- CO** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance.
- DE** - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- DC** - **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FL** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ID** - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
- IN** - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
- KY** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ME, TN & VA** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- MN** - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NH** - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
- NJ** - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- NM** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
- NY** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- OH** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- OK** - **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- PA** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- TX** - Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- WA** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.