

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:**

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.