

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 <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">AM</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">PM</div> </div>	LOCATION OF ACCIDENT (INCLUDE CITY & STATE)
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): BUSINESS PHONE (A/C, No, Ext):
OTHER DRIVER'S NAME & ADDRESS <small>(Check if same as owner)</small>	RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext):
DRIVER'S LICENSE NUMBER	DESCRIBE DAMAGE
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): BUSINESS PHONE (A/C, No, Ext):				
DRIVER'S NAME & ADDRESS <small>(Check if same as owner)</small>					RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext):				
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER			STATE	PURPOSE OF USE		USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE DAMAGE				WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE		
YOUR INSURANCE COMPANY NAME				YOUR POLICY NUMBER		YOUR AGENT'S NAME			

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