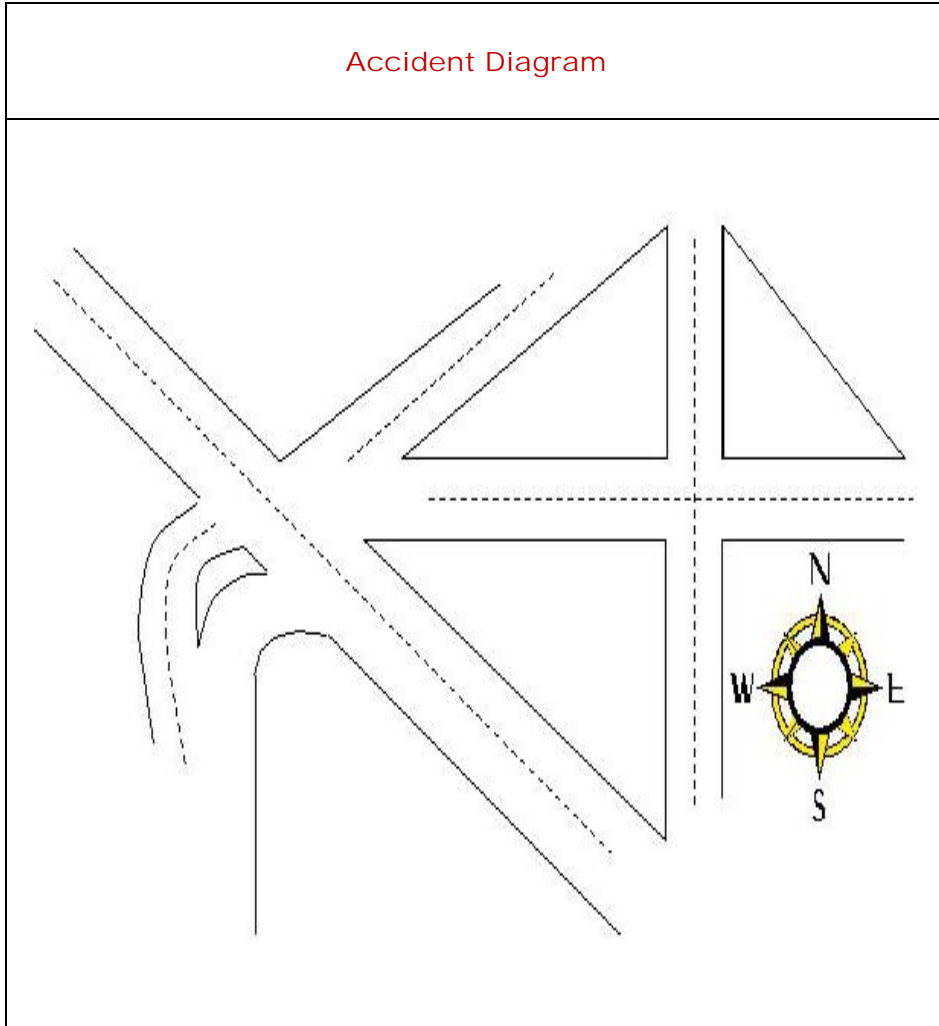




Auto Accident Report

Insurance Company								
DATE OF ACCIDENT:		TIME OF ACCIDENT:		AM PM		POLICY NUMBER:		
Insured Information				Contact Information				
NAME AND ADDRESS:				NAME: PHONE NUMBER: E-MAIL ADDRESS:				
Loss Description								
LOCATION OF ACCIDENT (include City and State):				DESCRIPTION OF ACCIDENT (use separate sheet, if necessary):				
AUTHORITY CONTACTED:			VIOLATIONS / CITATIONS?			REPORT #:		
Insured Vehicle								
YEAR:		MAKE:		MODEL:				
PLATE NUMBER:			STATE:		VIN:			
OWNERS NAME & ADDRESS:								
DRIVER'S NAME AND ADDRESS (check if same as owner):				RELATION TO INSURED (Employee, family, etc.)				
DATE OF BIRTH:		DR LICENSE NO.:		STATE:		PURPOSE OF USE:		
Describe Damage								
ESTIMATE AMT: \$		WHERE CAN VEHICLE BE SEEN?						
OTHER INSURANCE ON VEHICLE:								
Other Vehicle(s) or Property								
VEHICLE? Yes <input type="checkbox"/> No <input type="checkbox"/>								
DESCRIBE PROPERTY (if auto, year, make, model, plate number):				OTHER VEH/PROP INS? Yes <input type="checkbox"/> No <input type="checkbox"/>				
				CO / AGENCY NAME:		POL NO.:		
OWNER'S NAME & ADDRESS:				RESIDENCE PHONE (A/C No):				
				BUSINESS PHONE (A/C, No, Ext):				
OTHER DRIVER'S NAME & ADDRESS:				RESIDENCE PHONE (A/C No):				
SAME AS OWNER? Y / N				BUSINESS PHONE (A/C, No, Ext):				
Describe Damage:								
ESTIMATE AMT: \$		WHERE CAN DAMAGE BE SEEN?						
Injured								
NAME & ADDRESS			PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
Witnesses or Passengers								
NAME & ADDRESS			PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (specify		



What to Do in the Event of a Motor Vehicle Accident	Checklist: Done?									
	Yes	No								
1. Take precautions and steps to prevent additional damage	<input type="checkbox"/>	<input type="checkbox"/>								
2. Call authorities if someone is injured to request medical assistance. If there is fire, call the Fire Department.	<input type="checkbox"/>	<input type="checkbox"/>								
3. Be courteous – Answer police questions. Give identifying information to the other party. Express concern, but make NO assumption of fault .	<input type="checkbox"/>	<input type="checkbox"/>								
4. Take photos – Take pictures of vehicles, any prior and new damage, street or speed signs, and roadway conditions. Include skid marks, other property damage, license plates, etc.	<input type="checkbox"/>	<input type="checkbox"/>								
5. If vehicle is not safety drivable , arrange for tow to nearby body shop. Do NOT give authorization for repairs until the insurance company has an opportunity to inspect the damage.	<input type="checkbox"/>	<input type="checkbox"/>								
6. Complete DMV Accident Form SR1A if there is an injury or \$750 or more in damages.	<input type="checkbox"/>	<input type="checkbox"/>								
7. Report accident to Cavignac & Associates within 24 hours – Include any that occur in a rental car or employee's personal automobile while in the course of employment. Contact Bettye McLaurin, Claims Coordinator:	<input type="checkbox"/>	<input type="checkbox"/>								
<table border="1" style="width: 100%;"> <tbody> <tr> <td>Direct Line</td> <td>619-744-0556</td> </tr> <tr> <td>Fax</td> <td>619-234-8601</td> </tr> <tr> <td>E-Mail</td> <td>bmclaurin@cavignac.com</td> </tr> <tr> <td>Main Phone Line</td> <td>619-234-6848</td> </tr> </tbody> </table>			Direct Line	619-744-0556	Fax	619-234-8601	E-Mail	bmclaurin@cavignac.com	Main Phone Line	619-234-6848
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NOTE: Should Bettye be unable to take your call, ask for **Meghan Bankhead (619-744-0571)** or the **person assigned to your account**.