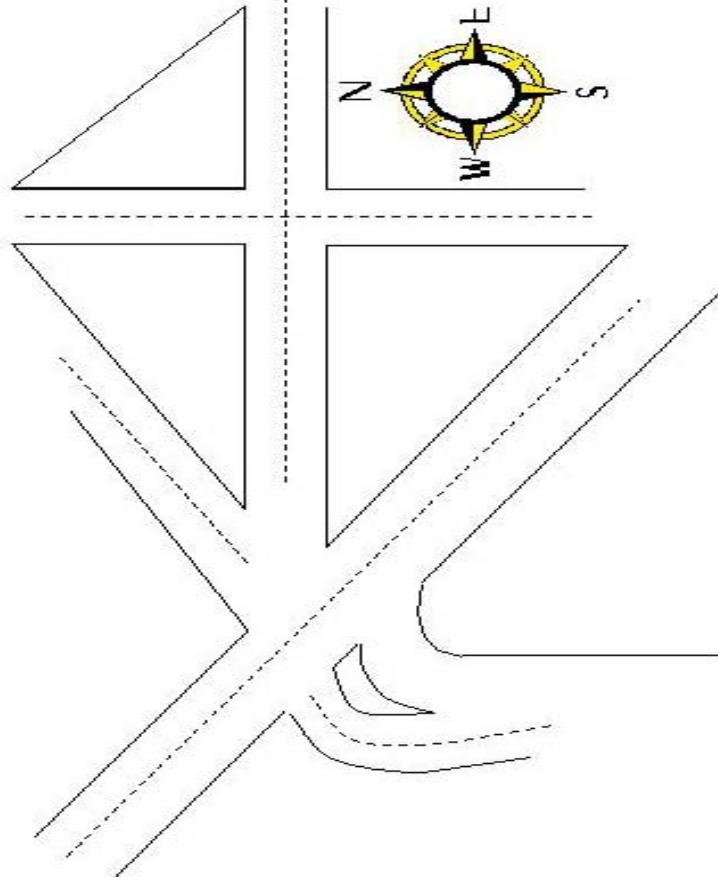




Auto Accident Report

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: SAME AS OWNER? Y / N				RESIDENCE PHONE (A/C No):			
				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		

Accident Diagram



**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, CRIS, Claims Coordinator:	<input type="checkbox"/>	<input type="checkbox"/>

Direct Line	619-744-0556
Fax	619-234-8601
E-Mail	bmclaurin@cavignac.com
Main Phone Line	619-234-6848

NOTE: Should Bettye be unable to take your call, ask for Meghan Bankhead, CET (619-744-0571) or the person assigned to your account.