Advanced Insurance Services **Fax completed form to 1-866-484-6302**

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	LOCATION OF ACCIDENT (INCLUDE CITY & STATE)
☐ AM ☐ PM	

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 ☐ (Check if same as owner)	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: ☐ PEDESTRIAN ☐ IN YOUR CAR ☐ IN OTHER CAR			
INJURED WAS: ☐ PEDESTRIAN ☐ IN YOUR CAR ☐ 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 ☐ (Check if same as owner)	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? ☐ YES ☐ 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

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