SERVICE
When you buy insurance, you expect and deserve the best in service. That is what we provide. This pamphlet is designed to provide you with information and instructions in the event that you are involved in an accident. We are at your services . . . anywhere . . . at all times!

STEPS TO TAKE IF YOU HAVE AN ACCIDENT

1. **STOP** immediately and investigate… Regardless of how minor the accident may appear.

2. **PREVENT** further accidents. Warn other drivers with a light, flag or similar devices.

3. **HELP** the injured to the extent that you are qualified. Then call a doctor or hospital immediately.

4. **CALL** a law office. Do not discuss the accident with anyone except the police, your agent, or a properly identified claim representative of your Company.

5. **REPORT** the accident as soon as possible to your insurance agent or the nearest Claim Office listed on the following pages.

6. **OBSERVE** and write down all information needed to complete the Accident Report Form provided in this pamphlet.

7. **IF** your policy affords Automobile Bodily Injury Liability and Property Damage Liability coverage and you should require a Release of Attachment or Bail Bond, the premium for such bond will be paid by the insuring Company in accordance with the terms of the policy.

Hanover Insurance CO.

24 Hours/7 Days a Week
Toll Free Claim Reporting
Phone: (800) 628-0250

Willis of Virginia Inc
James Seibert, AIC
Email: james.seibert@willis.com

101 West Main Street, Suite 3000
Norfolk, VA 23510-1624
Phone: (757) 622-4573 or (800) 373-8919
Fax: (757) 622-4108

Hanover Insurance Company
Policy Number: ABR831559103
Policy Period: 07/01/2009-07/01/2010

IMPORTANT FACTS AND INFORMATION TO RECORD AT TIME OF ACCIDENT:
INFORMATION ON OTHER VEHICLE:
Yr/Make/Model: _______________________
Lic. Tag #: _________________________ State:_____
Owner’s Name: _______________________
Address: ____________________________
Phone #: ____________________________
Insurance Co. Name:___________________
Driver’s Name: _______________________
Driver’s Lic.#: _______________ State______
Address: ____________________________
Phone #: ____________________________

ACCIDENT FACTS:
Date of Acc: __________________________
Time of Acc: _________________________
Location: ____________________________
Police Report #: _______________________
Any Tickets Issued? ___________________ 

INSURED’S VEHICAL AND DRIVER INFORMATION:
Yr/Make/Model: _______________________
Lic Tag #: __________________________ 
Vin #: _______________________________ 
Driver’s Name: _______________________
Lic #: ______________________________

NOTE: When completed, give or send these facts to your Agent at the earliest convenience

DESCRIPTION OF ACCIDENT:
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*Diagram:

INJURED PERSONS:
Name: ______________________________
Address: ____________________________
Phone #: ____________________________
Extent of Injury: _______________________

WITNESSES:
Name: ______________________________
Address: ____________________________
Phone #: ____________________________

* Use this diagram to indicate the position of all vehicles involved in the accident.