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.

INSURANCE CO.

24 Hours/7 Days a Week
Toll Free Claim Reporting

Willis of VA Inc

Claims Phone Number: 1-800-628-0250
Claims Fax Number: TBA

101 West Main Street, Suite 3000
Norfolk, VA 23510-1624
Phone (757) 622-4573
FAX (757) 622-4108

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 VEHICLE 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:**

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

*Diagram:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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

**INJURED PERSONS:**

Name: ______________________________
Address: ____________________________
Phone #: ____________________________
Extent of Injury: _____________________

Name: ______________________________
Address: ____________________________
Phone #: ____________________________
Extent of Injury: _____________________

Name: ______________________________
Address: ____________________________
Phone #: ____________________________
Extent of Injury: _____________________

**WITNESSES:**

Name: ______________________________
Address: ____________________________
Phone #: ____________________________

Name: ______________________________
Address: ____________________________
Phone #: ____________________________

Name: ______________________________
Address: ____________________________
Phone #: ____________________________