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

Claims Phone Number (800) 628-0250
Claims Fax Number (800) 399-4734

ACCIDENT INFORMATION PAMPHLET

For:
Regent University
Policy Number ADR8315591-06
July 1, 2012 - July 1, 2013

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:

[Diagram of vehicle positions]

* 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 #: ____________________________