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

5. **POLICE REPORT**: Send a copy of the Police Report to Administrative Services at adminfacilities@regent.edu or interoffice to ADM 116.

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

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INSURANCE CO.

24 Hours/7 Days a Week Toll Free Claim Reporting

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

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ACCIDENT INFORMATION PAMPHLET

For:

Regent University
Policy Number ADR8315591-07

July 1, 2013 - July 1, 2014

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:

____________________________________
____________________________________
____________________________________
____________________________________

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.