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.

INSURANCE CO.

24 Hours/7 Days a Week Toll Free Claim Reporting

Claims Phone Number (800) 628-0250

Then dial ext. 8556281 and tell them you want to report a "Special Account Claim".

Claims Fax Number (800) 399-4734

ACCIDENT INFORMATION PAMPHLET

For:

Regent University
Policy Number ADR831559109

July 1, 2015 - June 30, 2016

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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*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: ___________________

________________________________________________________________________
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________________________________________________________________________

Name: ____________________________
Address: _________________________
Phone #: _________________________
Extent of Injury: ___________________