

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
Claims Fax Number (800) 399-4734**

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 #: _____

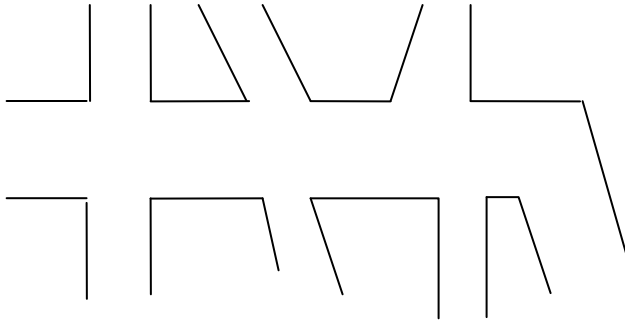
Driver's Name: _____

Lic #: _____

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

DESCRIPTION OF ACCIDENT:

***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 #: _____