

ACCIDENT REPORT FORM



Please help us serve you better. Getting detailed information at the scene of the accident and calling your employer will help us expedite the process of the claim. **Please follow below in the case of an accident;**

- Remain calm. Do whatever it takes to protect your passengers and your property.
- If someone is hurt, obtain first aid by calling 911.
- Get the full names addresses, drivers' license numbers, name of insurance company, phone number of each driver, passenger and witness, as well of license plate numbers of involved vehicles.
- DO NOT ADMIT LIABILITY.** Make any comments or statements regarding the accident only to the police, along with your insurance information.
- Fill out this form and **Fax it to: 425-739-9955 OR Email: Service@choiceinsurance.net**

Choice Insurance, LLC
1715 Market St Ste 100
Kirkland, WA 98033
Office: 425-739-6565
Toll free: 800-289-8003
Fax: 425-739-9955
Email: Service@choiceinsurance.net

NAMED INSURED:			
AUTHORITY CONTACTED:			
DATE & TIME OF ACCIDENT:	(MM/DD/YY):	TIME:	<input type="radio"/> A.M. <input type="radio"/> P.M.
LOCATION OF ACCIDENT: ADDRESS OR CROSS STREET			
CITY & STATE:			

INSURED VEHICLE/PROPERTY DAMAGE (REQUIRED):

INSURED'S VEHICLE INFO:			
YEAR:	MAKE:	MODEL:	VIN#:
INSURED'S DRIVER INFO:			
NAME:	DATE OF BIRTH:	LICENSE #:	
DESCRIPTION OF DAMAGE TO INSURED'S VEHICLE:			

OTHER PARTY'S VEHICLE/PROPERTY DAMAGE:

OTHER PARTY VEHICLE INFO:			
YEAR:	MAKE:	MODEL:	VIN#:
OTHER PARTY DRIVER INFO:			
NAME:	PHONE:		
OTHER INSURANCE COMPANY:			
NAME:	PHONE:		
DESCRIPTION OF DAMAGE TO OTHER VEHICLE/PROPERTY:			
NAME & CONTACT OF OTHER PARTIES INVOLVED, PASSENGERS, WITNESSES:			

ACCIDENT REPORT FORM



🕒 Fill out this form and fax it to CHOICE Insurance: **425-739-9955** OR Email: **Service@choiceinsurance.net**

Show **North** by Arrow in Circle

<p>INDICATE ON THIS DIAGRAM WHAT HAPPENED</p> <ol style="list-style-type: none">1. TRACE THE OUTLINE THAT REFLECTS YOUR COLLISION SCENE, WRITING IN STREET OR HIGHWAY NAMES.2. NUMBER EACH UNIT AND SHOW DIRECTION OF TRAVEL BY ARROW. <p>→ 1 2 ←</p>			
			<p>Street or Highway</p>

DESCRIPTION OF ACCIDENT:

Driver Signature

Owner Signature