

# ACCIDENT REPORT FORM



**CHOICE Insurance, LLC**  
— THE RIGHT CHOICE —

*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.*

## WHAT TO DO IN 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 CHOICE Insurance: 425-739-9955

NAMED INSURED:				
AUTHORITY CONTACTED:				
DATE & TIME OF ACCIDENT:	(MM/DD/YY):	TIME:	A.M.	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:			

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Show **North** by Arrow in Circle

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

DESCRIPTION OF ACCIDENT:

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Owner Signature