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AUTO ACCIDENT INFORMATION

Date of your accident _____

In your own words give your account of the accident: _____

Was your own personal car involved? Yes _____ No _____

If YES give the name of your car insurance company _____

Address _____

Policy # _____

Were you a passenger in someone else's car? Yes _____ No _____

Were you hit by another person's car? Yes _____ No _____

Name of other person's car insurance company _____

Address _____

Claim # _____

If you have hired an attorney, please provide us with his information:

Name _____

Address _____

Phone # _____

The information provided on this Auto Accident statement is complete and true to the best of my knowledge.

Signature _____ **Date** _____