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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 that information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_