

REPORT OF ALL LOSSES

INSURED

Name and Address	Date of Loss	Time of Loss	
	Department	Manager's Name	Phone No.
	Insurance Company		Claim No.

LOSS INFORMATION

Location of Accident	Police Dept. Report No.	Violations/Citations
Location & Description of Accident (use reverse side for diagram)		

INSURED VEHICLE

Veh No.	Year, Make, Model	VIN No.	Plate No.
Owner's Name & Address			Phone
Driver's Name & Address		Residence Phone	Business Phone
Relation to Insured (employee, family, etc.)	Date of Birth	Driver's License Number	Purpose of Use
Describe damage		Estimate Amount \$	Where can vehicle be seen When
			Used with Permission <input type="checkbox"/> Yes <input type="checkbox"/> No Other Insurance on Vehicle?

OTHER VEHICLE #1 - see reverse for #2 vehicle

Veh No.	Year, Make, Model	VIN No.	Plate No.
Owner's Name & Address		Home Phone: () Bus. Phone: ()	
Driver's Name & Address		Driver's License #	Home Phone: () Bus. Phone: ()
Describe Damage	Estimate Amount \$	Insurance Co.	Policy No.

INJURED (Name & Address)

	Ins Veh	Other Veh	Extent of Injury

WITNESSES OR PASSENGERS (Name & Address) - see reverse

	Ins Veh	Other Veh	Phone

REMARKS

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REPORTED BY	REPORTED TO INS. CO.	SIGNATURE OF DEPT. MANAGER
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ACCIDENT INFORMATION

Date _____ Time _____ a.m. ___ p.m. ___

Police officer: _____
 case # _____

Other car: _____
 year make body type

car license # _____ state _____

Registered owner: _____

street address _____ city _____

state zip code phone

driver phone

street _____ city _____

state zip code

Driver's License #: _____ state _____

Other insurance co.: _____ policy # _____

Agent: _____ phone _____

street address _____ city _____

state zip code

ADDITIONAL OCCUPANTS OF OTHER CAR(S)

1. Name: _____ phone _____

street address _____ city _____ state _____
 state zip code INJURED Yes No

2. Name: _____ phone _____

street address _____ city _____ state _____
 state zip code INJURED Yes No

3. Name: _____ phone _____

street address _____ city _____ state _____
 state zip code INJURED Yes No

ADDITIONAL WITNESSES

1. Name: _____ phone _____

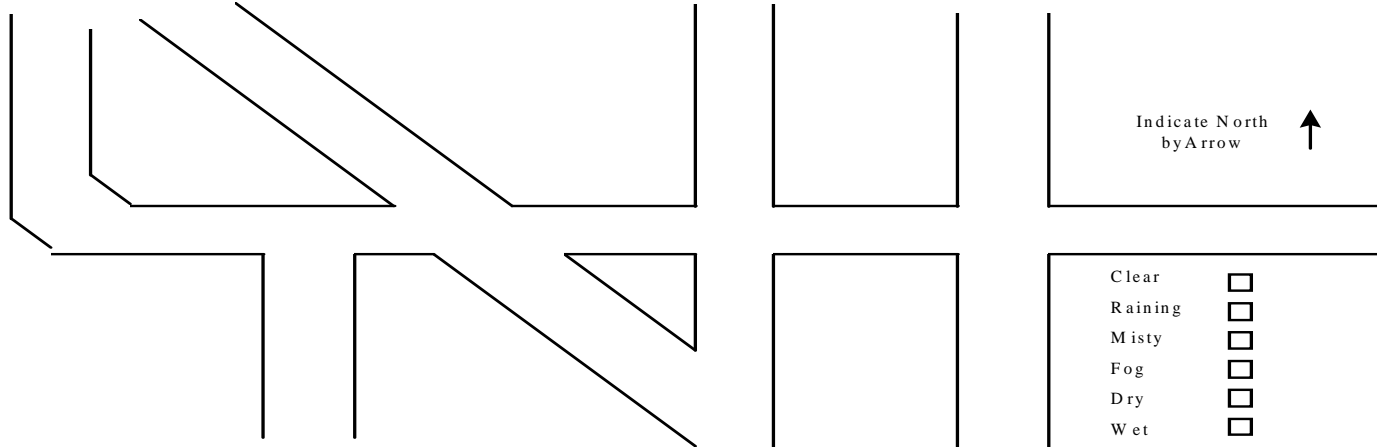
street address _____ city _____ state _____

2. Name: _____ phone _____

street address _____ city _____ state _____

If you have a non-injury accident, it's not necessary to wait for the police before moving the vehicles involved. If the vehicles can be driven, move them to a safe location and then exchange the necessary information or contact the policy. It's not just a good thing to do, it's the Texas law! So the next time you're involved in a non-injury accident and your vehicle can be moved, **MOVE IT.**

DIAGRAM OF ACCIDENT



COMMENTS: _____

REPORTE DE ACCIDENTE AUTOMOVILLSTICO

Fecha: _____ Flora: _____ Lugar: _____

Dept. de Policia: _____ Oficiales: _____ No. de Bacha: _____

No. de Caso: _____

Nombre de la otra persona involucrada: _____

*Numero de licencia # _____

Direccion: _____

Telefono: Trabajo _____ Home _____

Vehiculo: Año _____ Marca _____ Modelo _____ Placas: _____

Aseguranza del dueño del automovil: Compañia _____

No. de poliza _____

Agente _____

Co/Agt. No. de telefono _____

Si la otra persona no es dueña del vehiculo, quien es? _____

Direccion: _____ Telefono: _____

Testigos:	Nombre	Direccion	Telefono (Trabajo)	(Hogar)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Lesiones:	Nombre	Direccion	Telefono (Trabajo)	(Hogar)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Descrriba da'~o de vehiculo: _____

Decriba el accidente: _____

(Dibuje accidente) _____

SIGA INSTRUCCIONES EN LA SIGTUIENTE PAGINA

EN CASO DE EMERGENCIA – SIGA LAS SIGIJENTES INSTRUCCIONES

1. Detengase inmediatamente sin obstruir el trafico.
2. No admita liabilidad a nadie.
3. Llame al 911 en caso de lesionados.
4. Llame a la policia en caso de lesionados o carros totalmente incapacitados para manejarse.
5. Llene esta forma.
6. Llame a la policia para reportar este accidente.

DIAGRAMA

Empleado: _____

Fecha: _____

No. de nuestro vehiculo: # _____

Describe el daño de nuestro vehiculo: _____

