AMERICAN ACCESS CASUALTY COMPANY

CLAIMANT REPORT FORM

PLEASE ANSWER ALL QUESTIONS

PROVIDE AS MUCH INFORMATION AS POSSIBLE

CLAIMANT	PHONE NUMBER	POLICY NUMBER	CLAIM NUMBER

YOUR CAR: Make/Model of car_____ Year_____ Body Type_____ Plate#_____

Owner_____ Date of Birth_____ VIN_____

Street Address_____ City_____ State_____

Driver *(if different than owner)* _____ Date of Birth_____ Relation to owner_____

Street Address_____ City_____ State_____ Ph.#_____

Driver's License No.(s): Owner_____(State)_____ Driver_____(State)_____

For what purpose was car being used at time of accident*? (be specific)*_____

_____

Describe damages to your car_____

_____

Current Location of your car_____

Estimate of repairs $_____ *(please attach a copy)* Is car financed? If yes, by whom?_____

Did anyone suffer injuries?_____ If yes, please complete Bodily Injury section on the back.

Number of occupants in your car *(including the driver)* _____

OTHER CAR: Make/Model of car_____Color_____ Year_____ Body Type_____ Plate#_____

Owner_____ Address_____ Ph.#_____

Driver_____ Date of Birth_____ Driver's Lic. No._____ Ph.# _____

Driver's Street Address_____ City_____ State_____

Describe damages to car_____

_____

Did they have insurance? _____ If yes, what company_____

TIME, PLACE, AND FACTS: Date of accident_____ / _____ / _____ Time_____:_____ ○A.M. ○P.M. Daylight - or - Dark?

Location of accident_____ City_____ State_____

Was view of either party obstructed? _____ If Yes, by what?_____

Type of Road_____ Wet or Dry_____ Weather_____

Your direction_____ on what street_____ His/Her direction_____ on what street_____

When you first saw other party what was your speed?_____ Other party's_____

When collision occurred what was your speed?_____ Other party's_____

Where were you when you first saw other party?_____

Where was other party when you first saw him/her?_____

Which vehicle entered the intersection first?_____

Did you have stop sign -or- traffic light?_____ Other party_____

Did you fail to observe stop sign -or- traffic light?_____ Other party_____

What signals did you give?_____ Other party_____

What lights did you have on?_____ Other party_____

Had you been drinking alcohol?_____ Other party_____

Had you been taking any prescribed medication?_____ If yes, please list_____

Had you been taking any illegal substances?_____ If yes, please list_____

Were you ticketed for any traffic violation?_____ If yes, list violation(s)_____

Was the other party ticketed for any traffic violation?_____ If yes, what was the violation(s)_____

Did you admit fault for accident?_____ Other party_____

Was accident reported to police?_____ If yes, city the station is located_____

Was anything said about responsibility for accident?_____ If yes, What, when and by whom?_____

_____

_____

OTHER THAN DRIVER, LIST ALL OCCUPANTS OF YOUR CAR BELOW:

Name Age Address Phone

OTHER THAN DRIVER, LIST ALL OCCUPANTS OF THE OTHER CAR BELOW:

Name Age Address Phone

OTHER THAN PASSENGERS ALREADY INDICATED, LIST BELOW ALL WITNESSES TO THE ACCIDENT:

Name Age Address Phone

BODILY INJURY: List below ALL persons injured in the accident:

Name_____ Age_____ Sex_____ Address_____ Phone_____

Describe Injuries:_____

Where taken:_____ Doctor:_____ Address:_____

Name_____ Age_____ Sex_____ Address_____ Phone_____

Describe Injuries:_____

Where taken:_____ Doctor:_____ Address:_____

OTHER INSURANCE: Do you have coverage for Collision, Liability, Hospitalization, or Doctor's Bills? _____ If yes, please list the Companies and coverages. _____

IMPORTANT: Describe in your own words how the accident happened.

Please diagram, names of streets, directions and location of objects concerned, and TRAFFIC SIGNALS and STOP SIGNS. Mark your car "A", other car "B", showing point of impact and where vehicles stopped after collision. Put in any helpful information.

FRAUD WARNING: Any Person who knowingly and with intent to inure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.

I swear that the information contained in the above statement is complete, true and correct under the penalty of perjury.

Signed this _____ day of _____ , 20_____ City_____ State_____

Signature of Driver_____

USE AN ADDITIONAL SHEET OF PAPER, and attach, IF MORE SPACE is needed for any question.