

# **Instructions**

The Accident Report is for you to document what happened. Please include your claim number, fill out Sections 1-9 and sign and date the form.

*(Form Below)*

**GOVERNMENT EMPLOYEES INSURANCE COMPANIES**  
**750 WOODBURY ROAD**  
**WOODBURY, NY 11797**

**FOR REPORTING ACCIDENTS**

**Please complete this form as thoroughly as possible. All details of the accident are important to accurately process this claim.**

CLAIM # _____
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**1. POLICYHOLDER AND DRIVER**

Name of Policyholder _____	FULL FIRST	FULL MIDDLE	LAST
Policy Number _____	Occupation _____	Social Security No. _____	
Complete Home Address _____	E-Mail _____	Phone _____	
Business Address _____	FULL FIRST	FULL MIDDLE	LAST
Driver's Name _____	Address _____	Phone _____	
Driver's License No. _____	State License Issued _____	Social Security No. _____	Driver's Age _____
Date of Birth _____	Years of driving experience _____	Relation to Policyholder _____	Who authorized him to drive? _____
Name Occupants of Policyholder's Car _____			

**2. POLICYHOLDER'S AUTOMOBILE**

Make _____	Year _____	Body Type _____	Model _____
License Plate No. and State _____	Identification # _____		
Name of Holder of Title, if not Policyholder _____			
Name of Owner if other than Policyholder _____		Address _____	
Car Permanently Garaged at _____			

**3. DATE AND PLACE**

Date of Accident _____ 20 _____	Time _____	A.M	P.M.	(Circle One)
Where did accident occur? _____	City _____	State _____		
Was car towed from scene of accident? _____	If so, by whom? _____			
Purpose for which car was being used: _____	Was driver on errand for owner? _____			
Current location of car: _____				
Has this claim been previously reported? _____				

**4. THE ACCIDENT (GIVE COMPLETE DETAILS)**

Direction my automobile was going \_\_\_\_\_

What side of street? \_\_\_\_\_ How fast? \_\_\_\_\_ Speed Limit? \_\_\_\_\_ Were your headlights on? \_\_\_\_\_ Signals? \_\_\_\_\_

Condition of street? \_\_\_\_\_ If object collided with was moving, in what direction was it going? \_\_\_\_\_

How fast? \_\_\_\_\_ What side of Street? \_\_\_\_\_ Any signals given? \_\_\_\_\_ If an automobile, were lights on? \_\_\_\_\_

Was either driver violating traffic regulation? \_\_\_\_\_ Were traffic controls present? \_\_\_\_\_ If so, indicate where and type on diagram below.

Was accident investigated by police? \_\_\_\_\_ What Department and Precinct? \_\_\_\_\_

Was anyone charged? \_\_\_\_\_ Who? \_\_\_\_\_ What was the charge? \_\_\_\_\_

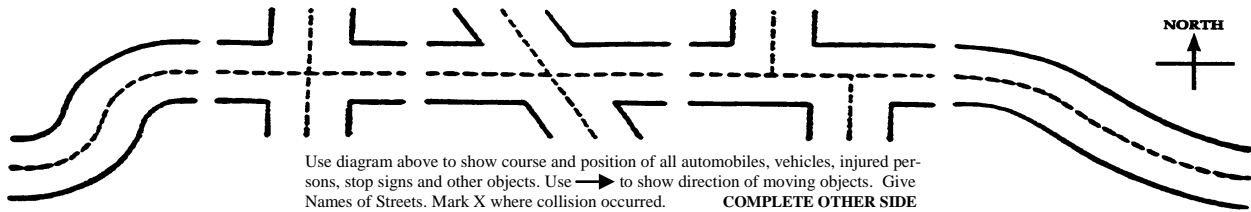
**State Full Details Of How Accident Happened:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Use diagram above to show course and position of all automobiles, vehicles, injured persons, stop signs and other objects. Use → to show direction of moving objects. Give Names of Streets. Mark X where collision occurred. **COMPLETE OTHER SIDE**

**5. PERSONAL INJURIES** Name of injured person \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Occupation \_\_\_\_\_ Social Security No. \_\_\_\_\_

Injuries \_\_\_\_\_

Name and address of treating Doctor \_\_\_\_\_

Where was injured person taken? \_\_\_\_\_

Where was injured person at time of accident? \_\_\_\_\_ Seat Belts In Use?  Yes  No

What statement was made by injured person? \_\_\_\_\_

Do you anticipate claim being made against you? \_\_\_\_\_

**6. OTHER CAR OR PROPERTY INVOLVED (NOT YOUR CAR)**

Name and address of owner of damaged auto or other property damaged. \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name of other party's insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Make of automobile \_\_\_\_\_ Year \_\_\_\_\_ Body Type \_\_\_\_\_ Model \_\_\_\_\_

Describe damage to auto or other property \_\_\_\_\_

License Plate No. and State \_\_\_\_\_ Estimated Repair Cost \$ \_\_\_\_\_

Name of Driver of other car \_\_\_\_\_ Address \_\_\_\_\_

Drivers License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ Age of Driver \_\_\_\_\_

Occupants of other car \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

Where can investigator see other car? \_\_\_\_\_

What was said between you and other driver \_\_\_\_\_

**IMPORTANT:** Is claim being made against you? \_\_\_\_\_ Are you making claim against the other party? \_\_\_\_\_

**7. DAMAGE TO POLICYHOLDER'S AUTOMOBILE:**

State cause of damage or loss if other than accident \_\_\_\_\_

\_\_\_\_\_ Date of loss \_\_\_\_\_

Describe parts, nature and extent of loss \_\_\_\_\_

\_\_\_\_\_ Estimated cost of repairs \$ \_\_\_\_\_

If theft, were police notified? \_\_\_\_\_ When \_\_\_\_\_ Officer's name and number \_\_\_\_\_

Give make, size and mileage of tires stolen or damaged \_\_\_\_\_

Age of convertible top \_\_\_\_\_ Purchase date and warranty of battery \_\_\_\_\_

**8. WITNESSES / THIS IS IMPORTANT** The names and addresses of all witnesses, bystanders or people in the immediate vicinity who may have seen the accident or heard any statement made, should be listed.

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**New York law requires the following to appear on this form:**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.**

**9. CERTIFICATE** I certify that the foregoing is correct to the best of my knowledge and belief.

Date of this report \_\_\_\_\_

Policyholder's Signature \_\_\_\_\_

Driver's Signature \_\_\_\_\_

(If other than Policyholder) \_\_\_\_\_