Instructions

The Accident Report is for you to document what happened. Please include the name of GEICO insured, your claim number, and complete details related to the accident, then sign and date the form.

(Form Below)

GOVERNMENT EMPLOYEES INSURANCE COMPANIES

REPORT OF ACCIDENT

GEICO INSURED
GEICO CLAIM #

YOUR NAME	AGE	OCCUPATION
ADDRESS (NUMBER) (STREET) (CITY) (STATE) (ZIP) (E-MAIL)		PHONE NO. HOME
NAME AND ADDRESS OF EMPLOYER		BUSINESS

ARE YOU MARRIED? IF YES, GIVE FULL NAME OF SPOUSE:
☐ YES ☐ NO

MAKE OF OUR INSURED"S AUTO	YEAR	MODEL	LIC NO	STATE

NAME AND ADDRESS OF OUR INSURED DRIVER	DRIVER"S LICENSE #	AGE

WHAT COMPANY(S) INSURES YOUR AUTOMOBILE	NAME OF COMPANY (S)	POLICY NO.	DOES THE POLICY CONTAIN MEDICAL COVERAGE FOR MEDICAL EXPENSES?
	PHONE #	CLAIM #	☐ YES ☐ NO

DATE OF ACCIDENT	TIME M.	PLACE OF ACCIDENT

MAKE OF YOUR AUTO	YEAR	MODEL	LIC. NO.	STATE

NAME AND ADDRESS OF REGISTERED OWNER

NAME AND ADDRESS OF DRIVER	DRIVER'S LICENSE #	AGE

WAS DRIVER ON ERRAND FOR OWNER? ☐ YES ☐ NO IF YES, FOR WHAT PURPOSE?

NAME, ADDRESS, AND TELEPHONE NUMBER OF OCCUPANTS OF YOUR AUTOMOBILE:

	NAME	ADDRESS	TELEPHONE NO.
1			
2			
3			
4			

WERE YOU HURT? ☐ YES ☐ NO WAS ANYONE HURT? ☐ YES ☐ NO IF SO, GIVE NAME, ADDRESS AND TEL. NO. OF OTHER PERSONS INJURED:

	NAME	ADDRESS	TEL. NO.	SEAT BELTS IN USE? YES	NO
1				☐	☐
2				☐	☐
3				☐	☐
4.				☐	☐
5				☐	☐

NATURE OF YOUR INJURIES

NAME AND ADDRESS OF DOCTOR

NAMES AND ADDRESSES OF ALL WITNESSES (OTHER THAN OCCUPANTS OF YOUR CAR):

NAME	ADDRESS

IF AFTER DARK, WERE ALL VEHICLES LIGHTED? ☐ YES ☐ NO

CONDITION OF ROAD	WEATHER CONDITONS

(PLEASE COMPLETE OTHER SIDE)

STATE FULL DETAILS OF HOW THE ACCIDENT HAPPENED:

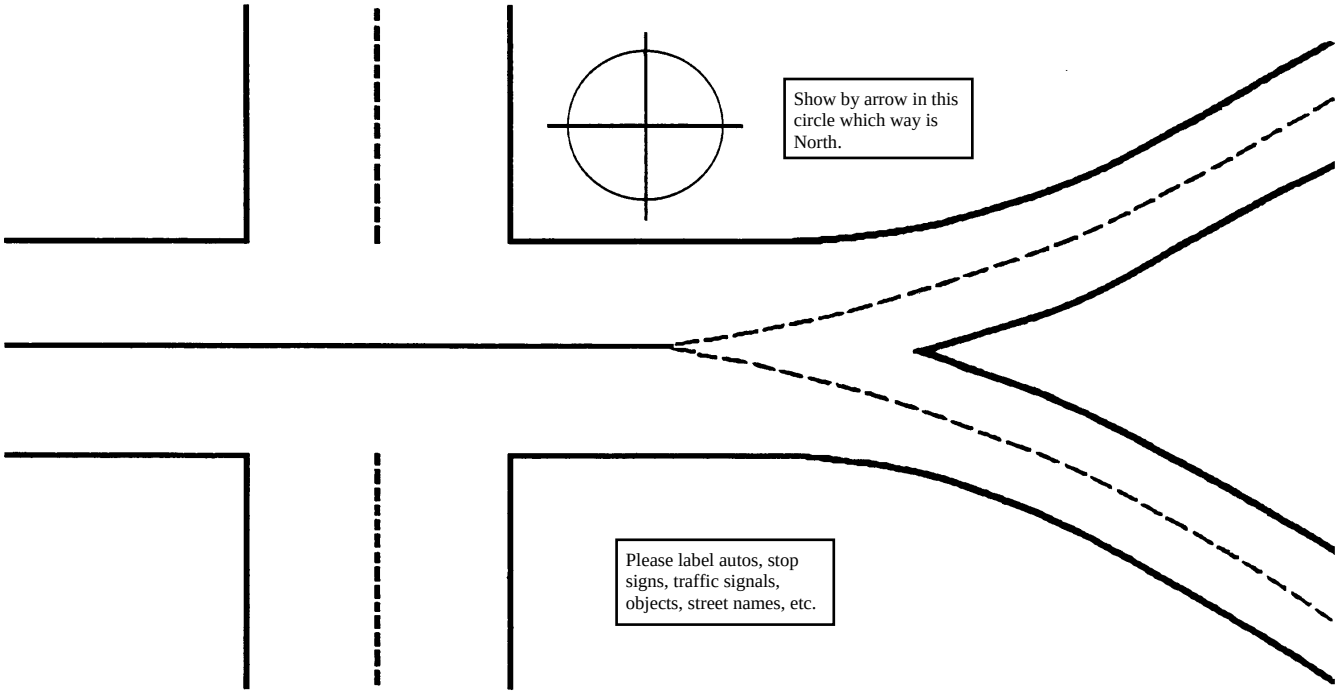
WHERE CAN CAR BE SEEN DURING THE DAY?

LIST THE AREAS OF YOUR CAR WHICH WERE DAMAGED IN THE ACCIDENT:

DESCRIBE DAMAGED PROPERTY OTHER THAN YOUR AUTO

ARE YOU MAKING A CLAIM? ☐ YES ☐ NO	AGAINST WHOM?	FOR WHAT AMOUNT? $
DID YOU REPORT THE ACCIDENT TO POLICE? ☐ YES ☐ NO	WHERE? (DEPT. ADDRESS)	
WAS ANYONE CHARGED? ☐ YES ☐ NO	WHO	CHARGES

DRAW A SKETCH OF THE ACCIDENT USING THIS DIAGRAM:



SIGNATURE

DATE

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