## **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 ONE GEICO CENTER MACON, GA 31296

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

CLAIM#			

1. POLICYHOLDER AND DRIVER Policy Number  Complete Home Address  Business Address  FULL FIRST FULL MIDE Driver's Name  Driver's License No  Date of Birth Years of drivity Name Occupants of Policyholder's Car	Occupation	Address	<b>;</b>	Social Security No.		
Complete Home Address  Business Address  FULL FIRST FULL MIDI  Driver's Name  Driver's License No  Date of Birth Years of drivi	DLE LAST	Address		Phone		
Business Address  FULL FIRST FULL MIDI  Driver's Name  Driver's License No  Date of Birth Years of drivi	DLE LAST	Address				
FULL FIRST FULL MIDI Driver's Name  Driver's License No  Date of Birth Years of drivi		Address		Phone		
FULL FIRST FULL MIDI Driver's Name  Driver's License No  Date of Birth Years of drivi		Address				
Driver's License No Date of Birth Years of drivi						
Date of Birth Years of drivi						
	ng experience					
Name Occupants of Policyholder's Car						
2 DOLLCYHOLDEDIS AUTOMODII	E M-1-	V	D - 4 - 7	·	Madal	
<b>2. POLICYHOLDER'S AUTOMOBIL</b> License Plate No. and State		Year				
Name of Holder of Title, if not Policyholde						
Name of Owner if other than Policyholder						
Car Permanently Garaged at						
3. DATE AND PLACE Date of Ac	cident	20	Time	A.M	P.M.	(Circle One)
Where did accident occur?		City			State	
Was car towed from scene of accident?						
Purpose for which car was being used:					er?	
Current location of car: Has this claim been previously reported?						
tras uns cianni been previously reported:						
4. THE ACCIDENT (GIVE COMPLE	TE DETAILS)					
Direction my automobile was going						
What side of street? How			Were your l	neadlights on?	Signa	als?
Condition of street?						
How fast? What side o	f Street?	Any signal	s given?	_ If an automobile	e, were lights o	on?
Was either driver violating traffic regulation		_				_
Was accident investigated by police?		_				
Was anyone charged?		Who?	W	hat was the charge?		
State Full Details Of How Accident Happ	ened:					
1 :			i 1		NORTH	
		$\langle$		_		
<i></i>		-4				

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

COMPLETE OTHER SIDE

Names of Streets. Mark X where collision occurred.

Address						
		on Social Security No				
= =	-		-			
Name and address of treating De	Poctor					
Where was injured person taken	n?					
Where was injured person at tin	ne of accident?		Seat Belts In Use? Yes			
What statement was made by in						
Do you anticipate claim being n						
6. OTHER CAR OR PROPI	ERTY INVOLVED (NOT YO	OUR CAR)				
Home Phone	Business Phone	Business Phone Social Security No				
			Policy No			
			Model			
License Plate No. and State		Estimated Repair Cost \$				
Name of Driver of other car		Address				
			Age of Driver			
			Age of Bliver			
Occupants of other car						
	HOLDER'S AUTOMOBILE:	F	are you making claim against the other party?			
State cause of damage or loss if	f other than accident					
Describe monte motions and outen	et of loss	Date of loss				
Describe parts, nature and exten		Estimated cost of repairs \$				
	When	Officer's	name and number			
Age of convertible top		Purchase date and war	ranty of battery			
<i>t</i> =====						
8. WITNESSES / THIS IS I	MPORTANT The names an statement made, should be listed.	nd addresses of all witnesses, bys	standers or people in the immediate vicinity who mag			
8. WITNESSES / THIS IS IN seen the accident or heard any s	statement made, should be listed.  Telep	phone No.	Social Security No			
8. WITNESSES / THIS IS IN seen the accident or heard any s	statement made, should be listed.  Telep	phone NoCity	Social Security NoState			
8. WITNESSES / THIS IS IN seen the accident or heard any s  Name	statement made, should be listed.  Telep	phone NoCityphone No	Social Security NoStateSocial Security No			
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