

# **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  
4201 SPRING VALLEY ROAD  
DALLAS, TX 75244**

**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 _____		Phone _____	
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? \_\_\_\_\_

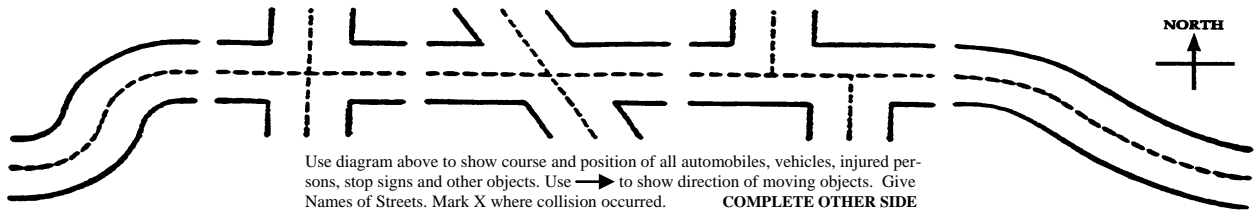
**State Full Details Of How Accident Happened:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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 \_\_\_\_\_

**Texas law requires the following to appear on this form.**

**“Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”**

**9. CERTIFICATE**

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

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

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

Driver's Signature  
(If other than Policyholder) \_\_\_\_\_