



Do those other vehicles have separate insurance policies from yours? Yes No  
If so, with what insurance company and under what policy number? \_\_\_\_\_  
Marital status (circle one): single separated divorced married

If married, name of spouse \_\_\_\_\_

Have you been in an accident before? Yes No  
Are there any other pending legal actions? Yes No  
Do you currently have an attorney? Yes No If yes, their name is: \_\_\_\_\_  
Are you currently in a bankruptcy? Yes No Since when? \_\_\_\_\_

If yes, which attorney is handling your bankruptcy? \_\_\_\_\_

Under doctor's orders, have you missed any time from work as a result of this accident? Yes No

### **Accident Information**

Was a police report done? Yes No Which police department did the report? \_\_\_\_\_

Do you have a copy of your police report? Yes No The case number is \_\_\_\_\_

**If you have a copy of the police report, please forward it with the return of your documents.**

Name of Your Vehicle's Driver: \_\_\_\_\_ Was the driver the owner of the vehicle? Yes No

If not, who is the owner of the vehicle? \_\_\_\_\_

Passengers: Yes No If yes, how many? \_\_\_\_\_ Names: \_\_\_\_\_  
\_\_\_\_\_

### **Insurance Information**

#### **Other Vehicle/Driver:**

Do you have the claim number for other person's insurance company? Yes No  
Which insurance company is the others person's vehicle insured with? \_\_\_\_\_

Claim No.: \_\_\_\_\_

Adjuster's Name: \_\_\_\_\_

Adjuster's Phone Number: \_\_\_\_\_

Have you already given the other person's insurance company a recorded statement? Yes No

#### **Your Vehicle/Driver:**

Do you have insurance? Yes No Liability Full Coverage  
Which insurance company is the vehicle insured with? \_\_\_\_\_

Do you have the claim number for your insurance? Yes No

Claim No.: \_\_\_\_\_

Adjuster's Name: \_\_\_\_\_

Adjuster's Phone Number: \_\_\_\_\_

Have you already given your insurance company a recorded statement?    Yes    No

**Your Vehicle's Information**

Vehicle Info. (year, make, & model): \_\_\_\_\_

Was your vehicle a rental car?    Y    N

If yes, then with whom (name, phone, and address (optional))?

\_\_\_\_\_

Vehicle Property Damage:    Y    N                      Appraised:    Y    N

If appraised, by whom: \_\_\_\_\_

Totaled:    Y    N                      Amount: \$ \_\_\_\_\_

Where is the car located now? \_\_\_\_\_

**Medical Treatment Information**

Did you go to the hospital from the scene?    Y    N    If yes, where? \_\_\_\_\_

If yes, did the hospital take x-rays?    Y    N

Did you go by ambulance?    Yes    No    If yes, which ambulance service? \_\_\_\_\_

Have you been to any other doctors?    Y    N    If yes, please list them as follows:

**Name of Facility**

**Name of Doctor**

**Address and Phone**

\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Phone: \_\_\_\_\_  
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