

Insured/Driver Accident Report Statement (AUTO)

Maya Assurance File Number _____

DATE / /

Your Policy # _____

Your Name _____

(Owner of Damaged Property)

Address _____ Telephone _____
No. and Street City State

DESCRIPTION OF YOUR AUTOMOBILE:

Make of Car _____ Year _____ Model _____ License
No. _____

Registered Owner _____
Address _____

Name of Driver _____ Age _____
Address _____

What was the purpose of your trip? _____

Were you working at the time of the accident? _____

Do you have any collision insurance for damage to your car? _____

If yes what is the name of your Insurance Co _____

Estimated Cost of Repairs to Your Vehicle \$ _____

Your Vehicle is Currently Located at _____

WAS ANYONE INJURED IN YOUR VEHICLE? ("Yes" or "No") IF SO, ANSWER THE FOLLOWING:

Name Address Phone No. of Injured Person #1 Name: _____
Address _____ Phone # _____

Describe Injuries and Medical Treatment _____

Name Address Phone No. of Injured Person #2 Name: _____
Address _____ Phone # _____

Describe Injuries and Medical Treatment _____

Name Address Phone No. of Injured Person #3 Name: _____
Address _____ Phone # _____

Describe Injuries and Medical Treatment _____

LIST ALL OCCUPANTS OF YOUR AUTOMOBILE:

Name Address Phone No. _____

Name Address Phone No. _____

Name Address Phone No. _____

DESCRIPTION OF OTHER VEHICLE OR VEHICLES INVOLVED IN THE ACCIDENT:

Make of Car Year Model License No. _____

Owners Name and Address _____

Drivers Name and Address _____

Were there any occupants in the other vehicles other than the drivers? (YES / NO) If so, how many?_____

IMPORTANT: LIST WITNESSES NOT IN EITHER AUTOMOBILE INVOLVED:

Name & Address _____ Phone No. _____

Name & Address _____ Phone No. _____

STATEMENT OF ACCIDENT - PLEASE ANSWER EVERY QUESTION.

Accident Date _____ Time of Accident _____

Location of Accident (Street or Highway and Intersecting Roads) _____

City _____ County State _____

Direction you were traveling? _____ On What Street Were You Driving? _____

Direction other car traveling? _____ On What Street Were They Traveling? _____

Were there any traffic controls at the location? _____ If so, for which Vehicle? _____ Were any Tickets Issued at the Accident scene? (YES /NO) If so for Whom? _____

Explain reason for Traffic Tickets Issued _____

Was the view of either driver obstructed? _____

Where was the other car when you first saw it? _____

Where was your car at that time? _____

Was your seat belt and those of all passengers fastened? _____

Check weather conditions: Wet ____ Dry ____ Rain ____ Fog ____ Snow ____ Other ____

If at night, were all lights working on Your Car. (YES / NO) Other Car (YES /NO)

Length of skid marks left by your car if any : _____ Other Car _____

What did you say about the accident to Police or anyone else the scene? _____

What did other driver say about the accident: _____

Was there any indication of intoxication by anyone? (YES /NO) In Which Vehicle _____

Were the Police at the accident scene? _____

Name of Officer and / or Accident Number: _____

Either Driver Cited or Arrested for anything? (YES / NO) You: (YES / NO) Other Driver: (YES / NO)

IMPORTANT: DESCRIBE IN YOUR OWN WORDS HOW ACCIDENT OCCURRED:

DRAW ROUGH DIAGRAM OF ACCIDENT: Show your car as #1 other car as# 2 as the collision occurred. Show direction and distance traveled before crash by solid line thus:_____. Then, mark point of crash. Finally, position and distance the cars traveled after collision. Show distance and direction traveled after crash by dotted line thus:----- .

Has your car been repaired?_____ If so, attach receipted bill; if not, attach estimate of repairs from two well-known garages.

The signature below must be from the person completing the 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."

Name (Printed) _____

SIGNATURE: _____