TRAVELERS

AUTO ACCIDENT REPORTING GUIDE

The sooner you call, the sooner we can help.

IF YOU ARE IN AN AUTO ACCIDENT:

Stop – Stop and turn on your hazard warning lights. No matter how minor the accident appears or who may be at fault, never leave an accident scene.

Get help – Call 911 for help if there are injuries, fire, hazardous substances that need to be cleaned up, a hit-and-run accident, or any situation requiring emergency assistance.

Protect people at the scene – Immediately activate your warning flashers and use emergency warning devices to alert other motorists. Take steps to prevent additional injuries or property damage. If you can do so safely, move vehicles off the roadway to a safe location.

Document – Collect the following information:

- Names, addresses and phone numbers of all drivers and witnesses.
- Driver's license number and insurance information of all drivers involved.
- Vehicle plate numbers as well as make, model and year of each vehicle.
- Details about what happened, including time, location, events leading up to the accident, weather, lighting conditions, etc.
- Photographs of all vehicles, damage and roadway details, if safe to do so.

Report – Prompt reporting is important. This might include reporting the accident to your employer if you were driving on your employer's behalf. Call your insurance company to discuss filing a claim. At the time of the accident, only discuss accident details with an insurance company representative, your employer and law enforcement, if present at the scene. Additionally, follow state and local accident reporting requirements.

Call us as soon as possible to report your claim. We're available 24 hours a day, 365 days a year: **800.238.6225** or online at travelers.com/claim.

WE'LL WORK TO GET YOU BACK ON THE ROAD – FAST

At Travelers, we are committed to handling your claim quickly and with superior service. Should you need to file a claim, here are a few things you can count on from Travelers:

24/7 claim reporting. Remember to call us immediately to report a claim; the sooner you call, the sooner we can help.

Fast, quality service. Your Travelers Claim professional will contact you to explain the claim process, evaluate your coverage and determine the best way to assess your vehicle damage.

If a company vehicle is damaged in an accident, your company has access to thousands of convenient repair locations across the country,[1] and repairs are guaranteed for as long as your business owns the vehicle.

[1]Customers have the right to choose where their vehicle will be appraised (depending on the state) or repaired, and are under no obligation to use a repair facility in our network.

For more information about how the claim process works, visit travelers.com/claim.

Below are handy wallet cards. Be sure to write your policy number on the back before placing in your wallet.

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For you

Call Travelers immediately at **800.238.6225** to report your claim.

Other driver's license plate number and state

Other driver's name and phone number

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For other driver

This insurance card has been provided by a Travelers customer.

Please call us at **800.238.6225** for claim service. We are available to take your notice of a claim 24 hours a day, 365 days a year.

Travelers customer policy number

Accident Report Form

To help us get started on your claim right away, use this form to gather important information at the time of an accident.

Be sure to write down the other driver's license plate number.

Vehicle information from other driver

(Information in red is important for prompt claim handling.)

Driver's name | License no. | State

Address

Work phone no. | **Home phone no.**

Owner of vehicle | Telephone no.

Owner's address

Year | Make | Model

Plate no. | State

Insurance company | **Policy no.**

Witnesses

1. Name | Telephone no.

Address

2. Name | Telephone no.

Address

3. Name | Telephone no.

Address

Police investigation

Police officer's name – precinct

Badge # | Report # | Was a ticket issued?

If yes: ☐ You
☐ Other driver

Accident information

Date of accident | Time

Place of accident – street name

City | State

Your vehicle information

Year | Make | Model

Plate no. | State

Owner of vehicle | Telephone no.

Driver's name | License no. | State

Injured persons

1. Name

Telephone no.

Address

Description of injury

Injured person was (Please check one):

☐ Driver ☐ Passenger ☐ Pedestrian

2. Name

Telephone no.

Address

Description of injury

Injured person was (Please check one):

☐ Driver ☐ Passenger ☐ Pedestrian

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This material is for informational purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy. Coverages are subject to individual insureds meeting our underwriting qualifications and to state availability.

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