

**KEEP THIS DOCUMENT IN YOUR GLOVE COMPARTMENT**

IF YOU HAVE AN ACCIDENT, use this form to record the facts about the accident, including names and address of all parties involved, and any witnesses to the accident. Give the completed form to your insurance agent or company, or provide the information by phone.

DATE OF ACCIDENT AND TIME _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCATION OF ACCIDENT (INCLUDE CITY & STATE) _____
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DESCRIPTION OF ACCIDENT (USE REVERSE SIDE IF NECESSARY)

AUTHORITY CONTACTED AND REPORT # _____	ANY VIOLATIONS/CITATIONS AS A RESULT OF THE ACCIDENT (DESCRIBE) _____
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PROPERTY DAMAGED (NOT YOUR VEHICLE)	
DESCRIBE PROPERTY (If auto, year, make, model, plate #) _____	INSURANCE COMPANY _____
OWNER'S NAME & ADDRESS _____	RESIDENCE PHONE (A/C, No): _____ BUSINESS PHONE (A/C, No, Ext): _____
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner) <input type="checkbox"/>	RESIDENCE PHONE (A/C, No): _____ BUSINESS PHONE (A/C, No, Ext): _____
DRIVER'S LICENSE NUMBER _____	DESCRIBE DAMAGE _____ WHERE CAN DAMAGE BE SEEN? _____

INJURED PARTIES				
NAME & ADDRESS	PHONE (A/C, No)	AGE	DESCRIBE INJURY	
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR				
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR				

WITNESSES OR PASSENGERS				
NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)

YOUR INSURED VEHICLE									
YEAR	MAKE	MODEL	PLATE NUMBER	STATE					
OWNER'S NAME & ADDRESS					RESIDENCE PHONE (A/C, No):				
DRIVER'S NAME & ADDRESS					BUSINESS PHONE (A/C, No, Ext):				
RELATION TO INSURED (Employee, family, etc.)					DATE OF BIRTH				
DRIVER'S LICENSE NUMBER					STATE				
PURPOSE OF USE					USED WITH PERMISSION?				
DESCRIBE DAMAGE					WHEN CAN VEH BE SEEN?				
YOUR INSURANCE COMPANY NAME					YOUR POLICY NUMBER				
YOUR AGENT'S NAME					OTHER INSURANCE ON VEHICLE				
Globe Insurance Agency, Inc.									

POLICYHOLDER INFORMATION	
POLICYHOLDER'S NAME & ADDRESS _____	RESIDENCE PHONE (A/C, No): _____ BUSINESS PHONE (A/C, No, Ext): _____
REMARKS	