

6. OUR POLICY HOLDER INFORMATION

Policy Holder

Name _____ Address _____ Phones _____

Driver

Name _____ Address _____ Phones _____

Passenger

Name _____ Address _____ Phones _____

Name _____ Address _____ Phones _____

Policy Holder's vehicle: Where is vehicle damaged _____ Policy # _____

Year _____ Make _____ Model _____ Color _____ Veh. I.D. No. _____ / Plate # _____

7. OTHER CLAIMANT

#3 Owner

Name _____ Address _____ Phone _____

Insurance Co. _____ Policy # _____

Year _____ Make _____ Model _____ Color _____ Veh. I.D. No. _____ / Plate # _____

#3 Driver

Name _____ Address _____ Phone _____ Lic. # _____

Where is vehicle damaged _____

8. INJURED PERSONS

Name _____ Address _____ Inj. _____ What Vehicle _____

Name _____ Address _____ Inj. _____ What Vehicle _____

Name _____ Address _____ Inj. _____ What Vehicle _____

Name _____ Address _____ Inj. _____ What Vehicle _____

9. 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 secured.

Give below Street No., City and State

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO AND ANY PERSON WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Owner _____ Driver _____ Date _____