

## Glove Box Accident Form



Please print off this form and place in your glove box in case of an accident. Having the proper information could prove crucial to a successful insurance claim.

|   |   |   |         |
|---|---|---|---------|
| <b>When an accident Occurs:</b>   |   |   |         |
| <b>First Steps:</b>   | <b>Do Not Say:</b>  | <b>While Still at the Scene:</b>  |         |
| <ul style="list-style-type: none"> <li>Remain Calm</li> <li>Get to a safe place</li> <li>Check for injuries</li> <li>Administer First Aid</li> <li>Call police/EMT</li> </ul> | <ul style="list-style-type: none"> <li>It's all my fault, (even if it is)</li> <li>My insurance will pay for everything</li> <li>It's OK, I have full coverage</li> </ul> | <ul style="list-style-type: none"> <li>Get as much information as possible</li> <li>Take pictures</li> <li>When the police come, cooperate and tell them what you know</li> </ul> |         |
| <b>Accident Information:</b>  |   |   |         |
| Date of Accident:   |   | Time of Accident:   | am: pm: |
| Location of Accident:   |   |   |         |
| Accident Details:   |   |   |         |
| <b>Damage Descriptions:</b>   |   |   |         |
| Your Vehicle:   |   | Other Vehicle:  |         |
|   |   |   |         |
| <b>Other Drivers Information:</b>   |   |   |         |
| Drivers Name:   |   | Driver's License #:   |         |
| Address:  |   | Phone #'s:  | W:      |
|   |   |   | H:      |
|   |   |   | Cell:   |
| Insurance Co:   |   | Policy #:   |         |
| Agent's Name:   |   |   |         |
| Agent's Phone #:  |   |   |         |

|                                  |  |                  |    |
|----------------------------------|--|------------------|----|
| <b>Information of Other Car:</b> |  |                  |    |
| Year, Make & Model:              |  |                  |    |
| Color:                           |  | License Plate #: |    |
| <b>Witnesses:</b>                |  |                  |    |
| Name:                            |  | Phone #'s:       | W: |
| Address:                         |  | H:               |    |
|                                  |  | Cell:            |    |
|                                  |  |                  |    |
| Name:                            |  | Phone #'s:       | W: |
| Address:                         |  | H:               |    |
|                                  |  | Cell:            |    |
|                                  |  |                  |    |
| <b>Passengers/Injuries:</b>      |  |                  |    |
| Your Vehicle:                    |  | Other Vehicle:   |    |
| # Passengers:                    |  | # Passengers:    |    |
|                                  |  |                  |    |
| <b>Police Information:</b>       |  |                  |    |
| Officer's Name:                  |  | Department:      |    |
| Badge #:                         |  | Phone #:         |    |
| <b>Other Notes:</b>              |  |                  |    |
|                                  |  |                  |    |