

# CREST

# **Auto Accident Claim Guide**



Toll Free: (888) 881-5765



newclaims@crestins.com

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Location:

Police Report#

Police Dept:

Description:

Your Vehicle

Drivers Name:

Driver Phone:

### Collect this information:

Accident Date: / / Time:

Year:	Make:	Model:
VIN#:		
Damages:		
8 6		
	llect this if	nformation <b>from</b>
Owner's N	ame:	
Owner's Pl	none:	
Driver's Na	ime:	
Driver's Ph	ione:	
Address:		
City:	State:	Zip:
Insurance	Company:	HELLE
Policy:		
Year:	Make:	Model:
VIN#:		
License Pla	ate#:	State:
Damage to	o vehicle:	
CA dha	a. Crost Insurance	Agency - CA License #0H160

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Persons	ınjurea

Name: Phone: Name: Phone:

Take photos of the accident scene and damages

Provide the other driver with your insurance card

#### **ALWAYS**

- Call 911 if there are any injuries
- Move to shoulder or other "safe area" to prevent further damage (when conditions permit)
- Summon the police and seek medical assistance if injuries have
- Obtain complete information from those involved
- Complete this report on the scene not later
- Obtain contact information from witnesses
- Notify the owner of the car you are driving as soon as possible

## he other parties:

Witness Information:		
Name:		
Phone:		
Name:		
Phone:		

#### **NEVER**

- "Make a Deal" for damages
- Leave the scene of even a MINOR accident
- Deny injury to you or your passengers
- Offer to pay ANYTHING even if you think you are at fault
- Administer first aid unless you are LICENSED to do so
- Accept an offer of cash, check or settlement without speaking to your Agent

CA dba: Crest Colorado Insurance Agency - License #0M96244