



GOVERNMENT EMPLOYEES INSURANCE COMPANIES

A Shareholder Owned Company – Not Affiliated With The U.S. Government

HOME OFFICE • WASHINGTON, D.C. 20076



Please complete this form as thoroughly as possible. All details of the accident are important to accurately process this claim.

CLAIM # _____

1. POLICYHOLDER AND DRIVER

Name of Policyholder _____

Policy Number _____ Occupation _____ Social Security No. _____

Complete Home Address _____ Phone _____

Business Address _____ Phone _____

Driver's Name _____ Address _____ Phone _____

Driver's License No. _____ State License Issued _____ Social Security No. _____ Driver's Age _____

Date of Birth _____ Years of driving experience _____ Relation to Policyholder _____ Who authorized him to drive? _____

Name Occupants of Policyholder's Car _____

2. POLICYHOLDER'S AUTOMOBILE

Make _____ Year _____ Body Type _____ Model _____

License Plate No. and State _____ Identification # _____

Name of Holder of Title, if not Policyholder _____

Name of Owner if other than Policyholder _____ Address _____

Car Permanently Garaged at _____

3. DATE AND PLACE

Date of Accident _____ 20 _____ Time _____ A.M. P.M. (Circle One)

Where did accident occur? _____ City _____ State _____

Was car towed from scene of accident? _____ If so, by whom? _____

Purpose for which car being used _____ Was driver on errand for owner? _____

Car now at _____ Has this claim been previously reported? _____

Is one of our claim representatives handling your claim? _____ If so, indicate firm _____

4. THE ACCIDENT, GIVE COMPLETE DETAILS

Direction my automobile was going _____

What side of street? _____ How fast? _____ Speed Limit? _____ Were your headlights on? _____ Signals? _____

Condition of street _____ If object collided with was moving, in what direction was it going? _____

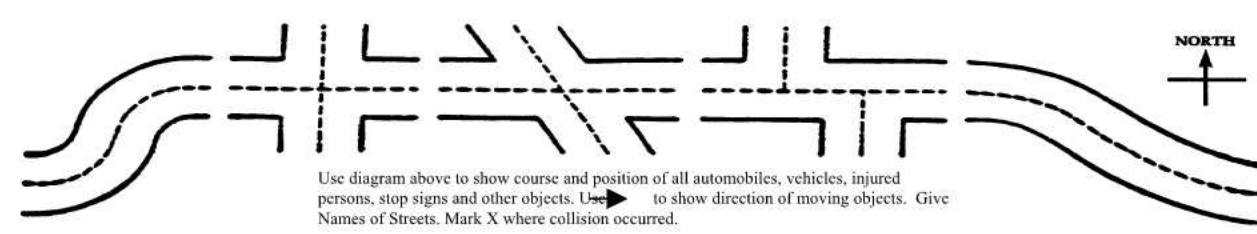
How fast? _____ What side of Street? _____ Any signals given? _____ If an automobile, were lights on? _____

Was either driver violating traffic regulation? _____ Were traffic controls present? _____ If so, indicate where and type on diagram below.

Was accident investigated by police? _____ What Department and Precinct? _____

Was anyone charged? _____ Who? _____ What was the charge? _____

State Full Details of how Accident happened: _____



5. PERSONAL INJURIES

Name of injured person _____

Address _____

Age _____ Occupation _____ Social Security No. _____

Injuries _____

Name and address of Doctor called _____

Where was injured person taken? _____

Where was injured person at time of accident? _____ Seat Belts yes no In yes no
Installed? no Use? no

What statement was made by injured person? _____

Do you anticipate claim being made against you? _____

6. OTHER CAR OR PROPERTY INVOLVED (NOT YOUR CAR)

Name and address of owner of damaged auto or other property damaged.

Home Phone _____ Business Phone _____ Social Security No. _____

Name of other party's insurance carrier _____ Policy No. _____

Make of automobile _____ Year _____ Body Type _____ Model _____

Describe damage to auto or other property _____

License Plate No. and State _____ Estimated Repair Cost \$ _____

Name of Driver of other car _____ Address _____

Drivers License No. _____ Social Security No. _____ Age of Driver _____

Occupants of other car _____ Address _____

Address _____

Where can investigator see other car? _____

What was said between you and other driver _____

IMPORTANT: Is claim being made against you? _____ Are you making claim against other party? _____

7. DAMAGE TO POLICYHOLDER'S AUTOMOBILE:

State cause of damage or loss if other than accident _____

Date of loss _____

Describe parts, nature and extent of loss _____

Estimated cost of repairs \$ _____

If theft, were police notified? _____ When _____ Officer's name and number _____

Give make, size and mileage of tires stolen or damaged _____

Age of convertible top _____ Purchase date and warranty of battery _____

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 _____ Telephone No. _____ Social Security No. _____

Address _____

Name _____ Telephone No. _____ Social Security No. _____

Address _____

9. CERTIFICATE

I certify that the foregoing is correct to the best of my knowledge and belief.

Policyholder's Signature _____

Date of this report _____

Driver's Signature
(If other than Policyholder) _____