# If you are involved in an accident, it is important to remember to:

- Stop! Do not leave the scene. If your vehicle is creating a safety hazard, or if you're concerned with your personal safety, pull off the road or move to a safer place. Use warning signals.
- If anyone is injured, see that the person receives proper medical attention and call an ambulance.
   Do not administer any medical treatment or first aid unless you are qualified to do so.
- Call the police immediately and follow their instructions.
- Call your employer if you are a commercial driver.
- Do not make any statements concerning the accident to anyone except police officials. Do not make any settlements under any circumstances.
- Do not argue at the scene of the accident. Be courteous.
- Get the name, address, phone number, make of vehicle and license number of the other driver(s) and all passengers.
- Get the names, addresses and phone numbers of all witnesses. This is very important, so get as many as possible.
- Take photos of the accident and vehicles with a cell phone or camera if safe to do so.
- Complete this preliminary accident report in detail while you are at the scene of the accident.
- Call the Zurich Claim Call Center at 800-987-3373 to report your claim.

Report your claim to the Zurich Claim Call Center 24 hours a day, 365 days a year.

Toll Free: 800-987-3373 Fax: 877-962-2567

Email to: USZ\_CareCenter@ Zurichna.com

Zurich provides this Accident Assistance Guide solely as a public service. It does not imply any coverage by Zurich exists for this or any other vehicle.

**Zurich**P.O. Box 542003
Omaha, Nebraska 68154
Toll Free: 800-987-3373
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Insurance Company



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Zurich HelpPoint



# Accident Assistance Guide

Keep this pamphlet in your vehicle.



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# **Preliminary Accident Report Form**

(Complete this form before leaving the scene of the accident, then report your claim to the Zurich Claim Call Center toll free by phone at **800-987-3373** or by fax at **877-962-2567** or email to USZ\_CareCenter@Zurichna.com.)

Policy #
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#### **Accident details**

Date	Time	
Street		
City	State	
Condition of road		
Weather	Visibility	
What direction were you going?	Speed	
What direction was other vehicle going?	Speed	
Did police take report?		
Responding police office / department		
Officer name		
Badge #	Phone	
Case #		
Tickets issued? (Yes / No)	If yes, to whom?	
Charge		
Describe how accident occured:		

#### **Witnesses** (This is important – get as many as possible.)

Name	Phone
Address	
Name	Phone
Address	
Name	Phone
Address	

#### Your vehicle

Owner			
Sex (M / F)	Phone		
Address			
Driver's name	Driver's name		
Sex (M / F)	Phone		
Address			
Make		Model	
Color		Year	
Vehicle identification #			
License plate #		Injuries (Yes / No)	
Describe injuries:			
Describe injuries.			
Describe damage to your	vehicle:		

### Passengers in your vehicle

Name	Phone
Address	
Name	Phone
Address	
Name	Phone
Address	

#### Other vehicle

Owner			
Sex (M / F)	Sex (M / F) Phone		
Address			
Driver's name			
Sex (M / F)	///F) Phone		
Address			
Make		Model	
Color		Year	
License plate #			
Drivers license #		Expiration date	
Insurance company	Insurance company		
Policy #		Injuries? (Yes / No)	
Describe injuries:			
Describe damage to other vehicle (including information on point of impact,			
apparent new damage, and obvious old damage):			

# Passengers in other vehicle

Name	Phone
Address	
Name	Phone
Address	
Name	Phone
Address	

# Damage to other property

Owner	Phone
Address	
Nature of damage:	

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