

YOUR VEHICLE INFORMATION

Name of driver _____
 Name of vehicle owner _____
 Year / Make/ Model _____

DAMAGE TO VEHICLE

Description of damage _____

 Where was the vehicle taken after the accident? _____

WITNESS(ES)

Name (1) _____
 Address _____
 Phone _____
 Name (2) _____
 Address _____
 Phone _____
 Name (3) _____
 Address _____
 Phone _____

INJURED PERSON(S)

Name (1) _____
 Phone _____
 Nature of injury _____
 Name (2) _____
 Phone _____
 Nature of injury _____
 Name (3) _____
 Phone _____
 Nature of injury _____

DAMAGE TO OTHER PROPERTY / VEHICLE

Name of other driver _____
 Name of vehicle owner (if different) _____
 Address _____
 Phone _____
 Year / Make/ Model _____
 License No. _____
 Insurance Carrier _____
 Phone _____

DAMAGE TO OTHER PROPERTY / VEHICLE (cont'd)

Description of damage to other property or vehicle _____



**Allied
Insurance**
 a Nationwide® company
 On Your Side®



AUTO • HOME • BUSINESS • POWERSPORTS

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I wasn't even texting...



alliedinsurance.com



**Allied
Insurance**
 a Nationwide® company
 On Your Side®

NO ONE EVER WANTS TO
BE IN AN AUTO ACCIDENT.
BUT IT NEVER HURTS TO BE
PREPARED—JUST IN CASE.

An accident can be a stressful experience.
But Allied Insurance will be with you every
step of the way.

Reporting a claim

Accidents don’t always happen during
normal business hours. Allied Insurance is
available 24 hours a day, 365 days a year:

800-282-1446

An Allied representative will ask you the
necessary questions to get your claim
started and offer the appropriate services
for your immediate needs, including:

- Towing and temporary repairs
- Vehicle rental assistance
- Body shop referral
- Glass replacement

To provide you with superior service, an
Allied claim representative will contact all
parties involved as soon as possible—within
eight business hours in most cases.

What to do in case of an accident

1. Remain at the scene.
2. Contact police and, if necessary, medical
services; ask a passing motorist to call if
you are unable to do so.
3. Do not make any admissions of
responsibility or sign any written
statements until you have consulted with
your claim representative.
4. Use this form to gather the following:
 - Date, time, and location of the accident
 - Name, address, phone number, and
insurance information of the driver and
owner (if different) of other vehicle(s)
 - Year, make, model, and license plate
number of other vehicle
 - Name, address, and phone number of
any passengers or witnesses
5. Contact Allied Insurance at
800-282-1446 to report a claim and
begin an investigation of your accident.

ACCIDENT INFORMATION

Date _____
Time _____
Street and City _____

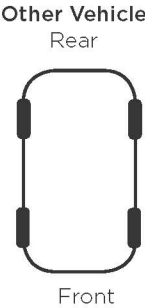
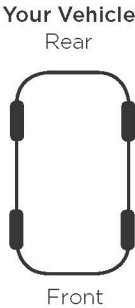
In which direction were you driving? _____
At what speed? _____
Road/traffic conditions? _____

HOW ACCIDENT HAPPENED

Describe accident _____

Use this space to draw a diagram of the accident and scene.

Please circle areas of damage.



Allied Insurance 800-282-1446