THE TRAVELERS TELEPHONE REPORTING

Commercial Lines Claim

It's fast...
It's easy...
It's paperless.

Telephone Reporting - 1-800-832-7839

When reporting this accident, your Customer Service Representative will complete the notice of loss by asking you the necessary questions. Please have ready the information from the Driver's Report of Accident in this brochure.

Before you hang up, the Customer Service Representative will give you a claim or reference number. Using this claim number will help expedite the handling of the rest of the claim. Please include the claim number with all future correspondence.

Claim Number: ____________________________

Published in the interest of safety by

Travelers

The Travelers Indemnity Company, The Travelers Insurance Company and their affiliates
One Tower Square
Hartford, Connecticut 06183

IN CASE OF A MOTOR VEHICLE ACCIDENT
(Please Keep This Brochure in Your Glove Compartment)

Here's What to Do

1. Take precautions necessary to protect the scene of the accident from further accidents.

2. Call the police. If someone is injured, request medical assistance. If fire is involved, request fire department aid.

3. Answer police questions. Give identifying information to other party involved, but make no comments about assuming responsibility.

4. Complete the DRIVER'S REPORT OF ACCIDENT portion of this brochure. You will need this information later for state and insurance reports.

5. As soon as possible, report the accident to the proper authorities and to your Customer Service Unit by calling:

1-800-832-7839

Travelers
**DRIVER’S REPORT OF ACCIDENT**

### ACCIDENT INFORMATION
- **DATE OF ACCIDENT**: 
- **TIME OF ACCIDENT**: A.M. [ ] P.M. [ ]
- **PLACE OF ACCIDENT (ST. OR HIGHWAY, CITY OR TOWN & STATE)**
- **DESCRIPTION OF ACCIDENT**

### YOUR VEHICLE INFORMATION
- **YEAR**: [ ]
- **MAKE**: [ ]
- **MODEL**: [ ]
- **PLATE NO.**: [ ]
- **STATE**: [ ]
- **VIN (VEHICLE I.D. NO)**: [ ]
- **COLOR**: [ ]
- **OWNER OF VEHICLE**: [ ]
- **OWNER'S ADDRESS**: [ ]
- **DRIVER'S NAME**: [ ]
- **TELEPHONE**: [ ]
- **ADDRESS**: [ ]
- **AGE**: [ ]
- **SOC. SEC. NO.**: [ ]
- **DRIVER'S LICENSE NO.**: [ ]
- **STATE**: [ ]
- **DESCRIPTION OF DAMAGE**: [ ]
- **LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)**: [ ]

### INJURED PERSONS
1. **NAME**: [ ]
   - **TELEPHONE NO**: [ ]
   - **ADDRESS**: [ ]
   - **AGE**: [ ]
   - **SOC. SEC. NO.**: [ ]
   - **SEX**: M [ ] F [ ]
   - **OCCUPATION**: [ ]
   - **INJURED WAS**: [ ] DRIVER [ ] PASSENGER [ ] IN OTHER VEHICLE [ ] PEDESTRIAN [ ]
   - **DESCRIPTION OF INJURY**: [ ]

2. **NAME**: [ ]
   - **TELEPHONE NO**: [ ]
   - **ADDRESS**: [ ]
   - **AGE**: [ ]
   - **SOC. SEC. NO.**: [ ]
   - **SEX**: M [ ] F [ ]
   - **OCCUPATION**: [ ]
   - **INJURED WAS**: [ ] DRIVER [ ] PASSENGER [ ] IN OTHER VEHICLE [ ] PEDESTRIAN [ ]
   - **DESCRIPTION OF INJURY**: [ ]

3. **NAME**: [ ]
   - **TELEPHONE NO**: [ ]
   - **ADDRESS**: [ ]
   - **AGE**: [ ]
   - **SOC. SEC. NO.**: [ ]
   - **SEX**: M [ ] F [ ]
   - **OCCUPATION**: [ ]
   - **INJURED WAS**: [ ] DRIVER [ ] PASSENGER [ ] IN OTHER VEHICLE [ ] PEDESTRIAN [ ]
   - **DESCRIPTION OF INJURY**: [ ]

### OTHER VEHICLE INFORMATION
- **DRIVER’S NAME**: [ ]
- **TELEPHONE**: [ ]
- **ADDRESS**: [ ]
- **AGE**: [ ]
- **SOC. SEC. NO.**: [ ]
- **DRIVER’S LICENSE NO.**: [ ]
- **STATE**: [ ]
- **YEAR**: [ ]
- **MAKE**: [ ]
- **MODEL**: [ ]
- **PLATE NO.**: [ ]
- **STATE**: [ ]
- **OWNER OF VEHICLE**: [ ]
- **OWNER'S ADDRESS**: [ ]
- **INSURANCE COMPANY**: [ ]
- **POLICY NUMBER**: [ ]
- **DESCRIPTION OF DAMAGE**: [ ]

### DAMAGE TO PROPERTY
1. **OWNER'S NAME**: [ ]
   - **TELEPHONE NO**: [ ]
   - **ADDRESS**: [ ]
   - **DAMAGED PROPERTY**: [ ]
   - **EXTENT OF DAMAGE**: [ ]

2. **OWNER'S NAME**: [ ]
   - **TELEPHONE NO**: [ ]
   - **ADDRESS**: [ ]
   - **DAMAGED PROPERTY**: [ ]
   - **EXTENT OF DAMAGE**: [ ]

### WITNESSES
- **It is important to get as many as possible!**

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