

MOTOR VEHICLE

Accident reporting Kit

IN CASE OF ACCIDENT OR LOSS,

Immediately call the number listed below
All Claims should be reported by phone
without delay.

**Please call 1-800-832-7839
or send to
Travelers Insurance Co. – Claims
PO Box 473501
Charlotte, NC 28247-3501**

Policy No.: TRJ-CAP-104T6800

Agent: NC Assoc. of Insurance Agents
PO Box 1165
Cary, NC 27513
919-863-6525

The Travelers Companies
Hartford Connecticut 06183

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) _____

WITNESSES

It is important to get as many as possible!

| | | |
|---|---------------|---------------------|
| 1 | NAME _____ | TELEPHONE NO. _____ |
| | ADDRESS _____ | |
| 2 | NAME _____ | TELEPHONE NO. _____ |
| | ADDRESS _____ | |
| 3 | NAME _____ | TELEPHONE NO. _____ |
| | ADDRESS _____ | |

POLICE INVESTIGATION

WERE POLICE NOTIFIED? YES NO

POLICE OFFICER'S NAME _____

POLICE CITY _____ STATE _____

PRECINCT _____

BADGE NO. _____

REPORT NO. _____

WAS ANYONE CITED? NO YOU OTHER DRIVER

INJURED PERSONS

| | | |
|---|--|--|
| 1 | NAME _____ | TELEPHONE NO. _____ |
| | ADDRESS _____ | AGE _____ SEX: <input type="checkbox"/> M <input type="checkbox"/> F |
| | SOC. SEC. NO. _____ | OCCUPATION _____ |
| | INJURED WAS <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> IN OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN | |
| | DESCRIPTION OF INJURY _____ | |
| 2 | NAME _____ | TELEPHONE NO. _____ |
| | ADDRESS _____ | AGE _____ SEX: <input type="checkbox"/> M <input type="checkbox"/> F |
| | SOC. SEC. NO. _____ | OCCUPATION _____ |
| | INJURED WAS <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> IN OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN | |
| | DESCRIPTION OF INJURY _____ | |
| 3 | NAME _____ | TELEPHONE NO. _____ |
| | ADDRESS _____ | AGE _____ SEX: <input type="checkbox"/> M <input type="checkbox"/> F |
| | SOC. SEC. NO. _____ | OCCUPATION _____ |
| | INJURED WAS <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> IN OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN | |
| | DESCRIPTION OF INJURY _____ | |

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 _____ |

REPORTING OF ACCIDENTS INVOLVING MOTOR VEHICLES OWNED BY STATE OF NORTH CAROLINA

Know your CLAIM CODE NUMBER for your state agency when making a claim.

I. All accidents involving bodily injury or major property damage to the public should be reported promptly in the following manner:

1. To report accidents occurring in all North Carolina counties, call toll free 800/832-7839
2. During non-business hours, on weekends and holidays, when there is a serious injury or death, report the accident immediately by dialing direct, 800/238-6225

II. When an accident is reported, be prepared to answer as many of the following questions as are applicable:

1. What is your name, title, and who is your employer?
2. What is the claim code number for this vehicle?
3. Business address of your employer?
4. Location and description of accident.
5. Description of state vehicle.
6. Driver's name, license number, date of birth and state licensed.
7. Description of other vehicles involved in accident and driver's names.
8. Names of all persons injured in accident.
9. Was accident investigate by police? Name of investigating officer, if known?
10. Were there any other known witnesses?

III. For accidents involving only minor property damage to the public, complete the special simplified claim form and mail it to The Travelers at the address shown thereon.

IV. If there is physical damage insurance on the state-owned motor vehicle involved in an accident, complete the special simplified claim form and add the following statement above the line for your signature:

"We have physical damage insurance on this vehicle."

State of North Carolina Motor Vehicle Loss Notice

Travelers Insurance Company Policy No. TRJ-CAP-104T6800

(Use this form to report at fault accidents which result only in minor property damage and the claimant's vehicle is still driveable.)

| | | | | |
|---|---------------|----------------------|--------------|----------|
| Department, Agency or University | | P.O. Box | City | Zip Code |
| Division or Section | | Contact Person | Phone Number | |
| Claim Code Number (required) | | Name of State Driver | Phone Number | |
| Driver's License # | Date of Birth | State Licensed | | |
| <u>Location of Accident (including city & state):</u> | | | | |
| <u>Description of Accident:</u> | | | | |
| | | | | |
| | | | | |
| <u>Law Enforcement Contact & Report Number:</u> | | | | |

| | | |
|---|------------------|---------------------------|
| <u>Identify the Damaged Property of Others (If Auto, Year, Make, Model, Plate #):</u> | | |
| Owners's Name & Address | Business Phone # | Residence Phone # |
| | | |
| Driver's Name & Address (check if same as owner) <input type="checkbox"/> | Business Phone # | Residence Phone # |
| | | |
| Describe Damage | Estimate Amount | Where Can Damage be Seen? |
| | | |

| |
|---|
| <u>Identify the state vehicle involved in this accident</u> |
| <u>Describe Damage to this vehicle</u> |
| |

Signature

Date