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
P.O. Box 473501
Charlotte, NC 28247-3501

Policy No.: TRJ-CAP-104T6800

Agent: N.C. Association of Insurance Agents, Inc.
P.O. Box 10097
Raleigh, NC 27605
919/828-4371

The Travelers

The Travelers Companies
Hartford, Connecticut 06183
When reporting this accident, you will need information specific to the incident. Complete the Driver's Report of Accident in this brochure, and follow the reporting instructions listed on the back of your Insurance Identification card.

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The Travelers Insurance Companies
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.
### Driver's Report of Accident

#### Accident Information
- **Date of Accident:**
- **Time of Accident:**
- **Place of Accident:** (St. or Highway, City or Town & State)
- **Description of Accident:**

#### Witness Information
*It is important to get as many as possible!*

<table>
<thead>
<tr>
<th>Witness</th>
<th>Name</th>
<th>Telephone No.</th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>3</td>
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</tbody>
</table>

#### Police Investigation
- **Were Police Notified:**
- **Police Precinct:**
- **Report No.:**
- **Police Officer's Name:**
- **Badge No.:**
- **Was Anyone Cited:**
- **Other:**

#### Your Vehicle Information
- **Year:**
- **Make:**
- **Model:**
- **Plate No.:**
- **Color:**
- **Owner of Vehicle:**
- **Owner's Address:**
- **Driver's Name:**
- **Telephone:**
- **Address:**
- **Driver's License No.:**
- **State:**

#### Description of Damage

#### Other Vehicle Information
- **Drivers Name:**
- **Telephone:**
- **Address:**
- **Age:**
- **SOC. Sec. No.:**
- **Driver's License No.:**
- **State:**

#### Description of Damage

#### Injured Persons
1. **Name:**
   - **Telephone No.:**
   - **Address:**
   - **Age:**
   - **Sex:**
2. **Name:**
   - **Telephone No.:**
   - **Address:**
   - **Age:**
   - **Sex:**
3. **Name:**
   - **Telephone No.:**
   - **Address:**
   - **Age:**
   - **Sex:**

#### Damage to Property
1. **Owner's Name:**
   - **Telephone No.:**
   - **Address:**
2. **Owner's Name:**
   - **Telephone No.:**
   - **Address:**