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.

NOTES		



# **GREENSBORO**

### **UNCG Vehicle Insurance**

Tammy Downs, Risk Manager tadowns@uncg.edu • www.uncg.edu/rsk 336-256-1102 • fax 336-256-2599 Office hours 8am to 5pm

**St. Paul's Travelers Insurance Co.**Traveler's Insurance Claims
1-800-832-7839

Published in the interest of safety by

Travelers Insurance and the UNCG Enterprise Risk Management Office

St. Paul's Travelers Insurance Co. Traveler's Insurance Claims P.O. BOX 473501 Charlotte, NC 27605 **UNCG Vehicle Insurance** 

# IN CASE OF MOTOR VEHICLE ACCIDENT

PLEASE KEEP THIS IN YOUR GLOVE COMPARTMENT

- Take the precautions necessary to protect the scene of the accident from further accidents.
- 2. Call the Guilford Police at 334-4444. 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 accident to the proper authorities and to you're between 8am to 5pm call the Risk Manager, Tammy Downs 256-1102. If accident occurs after business hours between 5pm to 8am be sure to call St. Paul's Traveler's Insurance at 1-800-832-7839 to start claim process. Then report all info the next business day to the Risk Manager.

### **DRIVER'S REPORT OF ACCIDENT**YOUR VEHICLE INFORMATION

### **ACCIDENT INFORMATION**

Date of Accident	Time of Accident	☐ A.M. ☐ P.M.			
Place of Accident (St. OR HIGHWAY, CIT	Y OR TOWN & STATE)				
DESCRIPTION OF ACCIDENT					

### **WITNESSES**

It is important to get as many as possible!

· · · · ·	<u> </u>	
NAME	TELEPHONE NO.	
	( )	
ADDRESS		
- <del></del>		
NAME	TELEPHONE NO.	
	( )	
ADDRESS		
NAME	TELEPHONE NO.	
	( )	
ADDRESS		
	ADDRESS  NAME  ADDRESS  NAME	

## POLICE INVESTIGATION

<u> </u>	<b>O</b> 7 (1101)		
WERE POLICE NOTIFIED?	POLICE	PRICINT	REPORT NO.
☐ YES ☐ NO	☐ CITY ☐ STATE		
POLICE OFFICER'S NAME	ICE OFFICER'S NAME BADGE NO. WAS ANYONE CONVIC		IE CONVICETED
		□NO □Y	OU DOTHER DRIVER

YEAR	MAKE	MODEL	PLATE NO.	STATE.		
VIN (VEHICLE ID NO.)			COLOR			
OWNER OF	OWNER OF VEHICLE					
OWNER'S A	OWNER'S ADDRESS					
DRIVER'S N.	AME		TELEPHONE ( )			
ADDRESS						
AGE	SOC. SEC. NO.	DRIVER'S LICENSE NO. STA		STATE		
DESCRIPTION OF DAMAGE						
LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)						

### OTHER VEHICLE INFORMATION

DRIVER	'S NAME	TELEPHONE ( )		TELEPHONE ( )	
ADDRESS					
AGE	SOC. SEC. NO.	DRIVER'S LICENSE NO.		STATE	
YEAR	MAKE	MOE	DEL	PLATE NO.	STATE
OWNER OF VEHICLE		OWNER'S ADDRESS			
INSURANCE COMPANY			POLI	CYNUMBER	

DESCRIPTION OF DAMAGE		
LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)		

### **INJURED PERSONS**

	NAME	TELEPHONE NO.				
	ADDRESS	AGE SEX M F				
1	SOC. SEC. NO.	OCCUPATION				
	INJURED WAS  □ DRIVER □ PASSENGER □ IN OTHER VEHICLE □ PEDESTRIAN					
	DISCRIPTION OF INJURY	DISCRIPTION OF INJURY				
	NAME	TELEPHONE NO.				
	ADDRESS	AGE SEX M F				
2	SOC. SEC. NO.	OCCUPATION				
	INJURED WAS  □ DRIVER □ PASSENGER □ IN OTHER VEHICLE □ PEDESTRIAN					
	DISCRIPTION OF INJURY					
	NAME	TELEPHONE NO.				
	ADDRESS	AGE SEX M F				
3	SOC. SEC. NO.	OCCUPATION				
	INJURED WAS  □ DRIVER □ PASSENGER □ IN OTHER VEHICLE □ PEDESTRIAN					
	DISCRIPTION OF INJURY					

### **DAMAGE TO PROPERTY**

	OWNER'S NAME	TELEPHONE NO.		
	ADDRESS			
	DAMAGED PROPERTY	EXTENT OF DAMAGE		
	OWNER'S NAME	TELEPHONE NO.		
2	ADDRESS			
<b>ב</b>				
	DAMAGED PROPERTY	EXTENT OF DAMAGE		