



# Accident Report Form

*\*Please fill out form as completely as possible.*

**Business Claims:**

commercialclaims@worldinsurance.com  
888-449-4201, press 3

**Personal Claims:**

personallinesclaims@worldinsurance.com  
888-449-4201, press 2

Date & Time of Accident: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Company's Name & Phone: \_\_\_\_\_

Company's Address: \_\_\_\_\_

Your Dispatching Office (city): \_\_\_\_\_

Location of Accident (include city/state): \_\_\_\_\_

Describe the Accident / Loss **(more room on back):**

Year, Make, Model, Plate Number of Your Vehicle:

Your Vehicle's VIN (vehicle ID number): \_\_\_\_\_

Describe Damage to Your Vehicle: \_\_\_\_\_

Describe Damage to Property You were Transporting:

**Other Party Involved in Accident:**

Driver's Name/Address/Phone No.: \_\_\_\_\_

Number of Passengers: \_\_\_\_\_

Injuries (yes or no)? \_\_\_\_\_ Describe them:

Owner Name/Address/Phone (check if same as Driver):

Year, Make, Model, Plate Number of Other Vehicle:

**Insurance Information:**

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Describe Damage to Other Vehicle and/or Property:

**Police Involvement?** (yes/no) \_\_\_\_\_

Police Dept. Making Report: \_\_\_\_\_

Police Officer Name and Badge #: \_\_\_\_\_

Police Report Number: \_\_\_\_\_

Citation Issued (yes / no)? \_\_\_\_\_

To You?: \_\_\_\_\_ To Other Party? \_\_\_\_\_

Describe Citation(s): \_\_\_\_\_

Police Dept. Making Report: \_\_\_\_\_

**Driver Information:**

Driver's License No.: \_\_\_\_\_

Driver's Date of Birth: \_\_\_\_\_

Driver's Date of Hire: \_\_\_\_\_

**Witness:**

Name/Address/Phone No.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

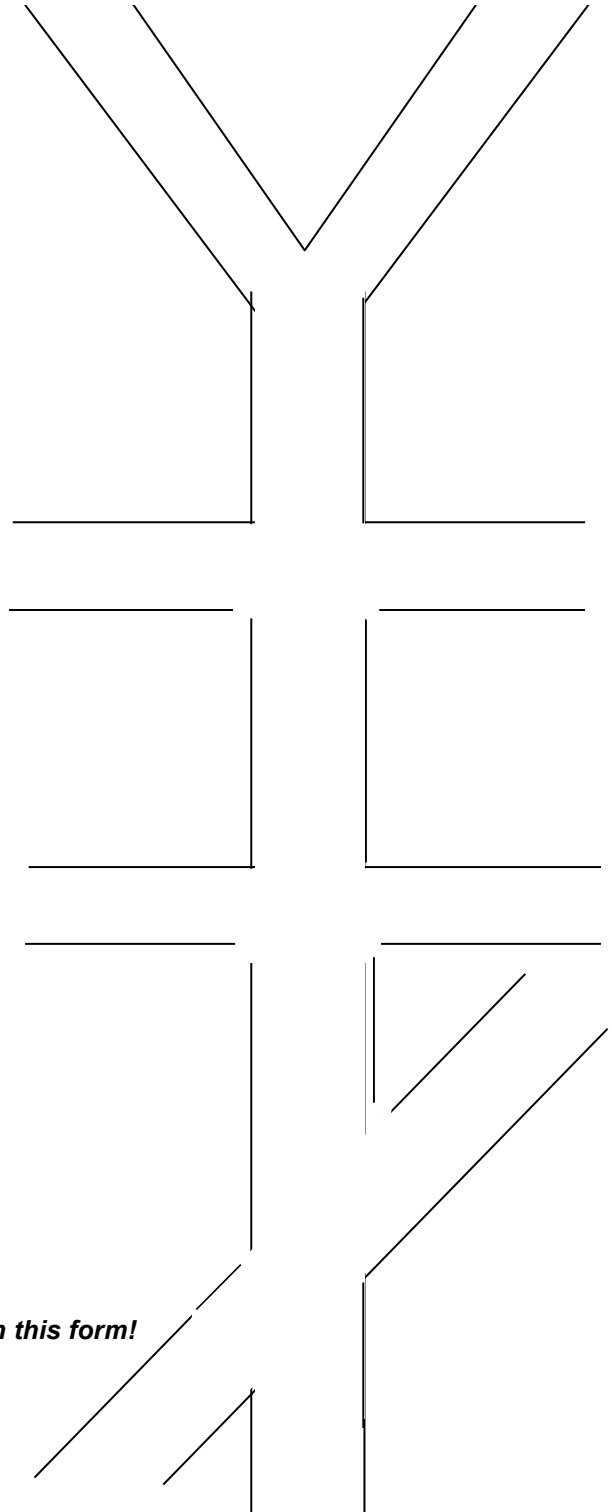
**Full Description of the Accident:**

\_\_\_\_\_

\_\_\_\_\_

**Sketch:**

Mark plainly on the plan below the position of all objects involved (vehicles, pedestrians, etc.). Use dotted lines and arrows to show paths taken by each.



**Note: Please attach a copy of the registration and forward with this form!**

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_