

**THE PREMIER INSURANCE COMPANY OF MASSACHUSETTS  
CLAIMANT'S REPORT OF ACCIDENT**

*Please print or type*

INSURED/CLIENT NAME: \_\_\_\_\_ CLAIM NUMBER: \_\_\_\_\_

**COMPLETE THIS SECTION FOR ALL CLAIMS**

YOUR NAME (OWNER OF VEHICLE) \_\_\_\_\_  
ADDRESS (NO., STREET, CITY/TOWN, STATE & ZIP CODE) \_\_\_\_\_  
PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ AGE \_\_\_\_\_  
NAME OF EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DATE OF LOSS \_\_\_\_\_ HOUR OF ACCIDENT \_\_\_\_\_ AM / PM  
WHERE DID ACCIDENT OCCUR? (STREET OR HIGHWAY, CITY OR TOWN & STATE) \_\_\_\_\_

WAS ANYONE INJURED? (IF YES, GIVE NATURE OF INJURIES-USE SECOND SHEET IF NECESSARY) YES \_\_\_\_ NO \_\_\_\_  
NAME OF PERSON(S) INJURED \_\_\_\_\_  
NATURE OF INJURIES \_\_\_\_\_  
AGE \_\_\_\_\_  
WAS SEAT BELT BEING WORN \_\_\_\_\_  
ADDRESS (NO., STREET) \_\_\_\_\_  
(CITY/TOWN, STATE, ZIP) \_\_\_\_\_  
PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

DESCRIBE ACCIDENT(PLEASE DRAW DIAGRAM ON NEXT SHEET - USE SECOND SHEET IF NECESSARY FOR DESCRIPTION)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF ALL WITNESS (INCLUDE AUTOMOBILE OCCUPANTS)  
NAME \_\_\_\_\_  
ADDRESS (NO., STREET) \_\_\_\_\_  
(CITY/TOWN, STATE, ZIP) \_\_\_\_\_  
PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

DID POLICE MAKE REPORT OF THIS ACCIDENT? (IF YES, INDICATE WHICH) YES \_\_\_\_ NO \_\_\_\_  
CITY/LOCAL POLICE \_\_\_\_\_ STATE POLICE \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

**SIGN AND DATE IN ALL CASES**

I have understood all the questions that I have answered. The answers are true and correct to the best of my knowledge.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**IMPORTANT! COMPLETE APPROPRIATE SECTIONS ON SECOND SHEET**

**COMPLETE THIS SECTION IF ACCIDENT INVOLVED YOUR AUTOMOBILE**

Complete Accident Diagram Below

**YOUR AUTO**

DRIVER'S NAME \_\_\_\_\_

ADDRESS (NO., STREET, CITY/TOWN, STATE & ZIP CODE) \_\_\_\_\_

OPERATOR'S LICENSE (STATE & NO.) \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_ NO. OF PERSONS IN AUTO \_\_\_\_\_

YEAR, MAKE & MODEL OF AUTO \_\_\_\_\_ VEHICLE LICENSE PLATE (STATE & NO.) \_\_\_\_\_

WAS DRIVER ON ERRAND FOR YOU? (IF YES, FOR WHAT PURPOSE?) YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT PARTS OF YOUR AUTO WERE DAMAGED? \_\_\_\_\_ AMOUNT OF DAMAGE TO YOUR AUTO? \$ \_\_\_\_\_

WHO ESTIMATED YOUR DAMAGES? \_\_\_\_\_ DO YOU CARRY COLLISION INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

WHERE MAY YOUR AUTO BE INSPECTED? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT IS THE NAME AND ADDRESS OF YOUR INSURANCE COMPANY? \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

WHAT IS THE NAME AND ADDRESS OF YOUR AGENT? \_\_\_\_\_

**OTHER AUTO**

OWNER'S NAME \_\_\_\_\_

ADDRESS (NO., STREET, CITY/TOWN, STATE & ZIP CODE) \_\_\_\_\_

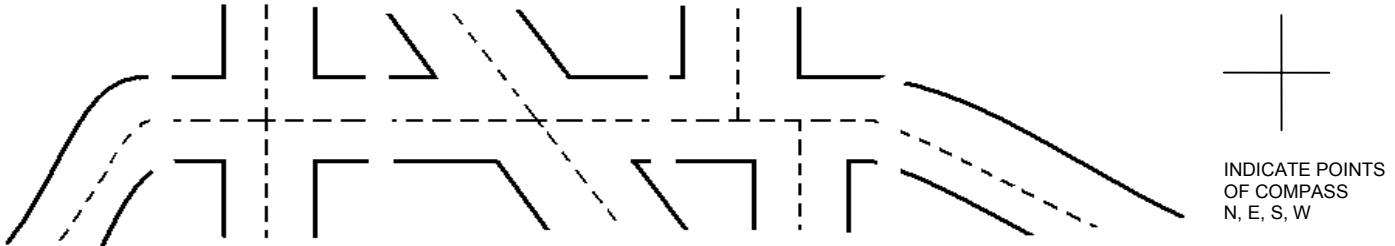
YEAR, MAKE & MODEL OF AUTO \_\_\_\_\_ VEHICLE LICENSE PLATE (STATE & NUMBER) \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_

ADDRESS (NO., STREET, CITY/TOWN, STATE & ZIP CODE) \_\_\_\_\_

OPERATOR'S LICENSE (STATE & NUMBER) \_\_\_\_\_ AGE \_\_\_\_\_ NUMBER OF PERSONS IN CAR \_\_\_\_\_

	YOUR AUTO	OTHER AUTO
RATE OF SPEED / DIRECTION OF TRAVEL	_____ / _____	_____ / _____
WERE HAND/DIRECTIONAL SIGNALS USED BY EITHER DRIVER?	_____	_____
WEATHER AT TIME OF ACCIDENT	ROAD CONDITION AT PLACE OF ACCIDENT _____	



**FILL IN – SHOW HOW ACCIDENT OCCURRED BY USING THIS DIAGRAM**

- Use solid line to show path of vehicle before accident and dotted line after accident
- Number each vehicle and show direction of travel by arrow mark your vehicle as #1, all others #2, #3, etc.
- Show pedestrians by
- Railroads by

**COMPLETE IF ACCIDENT DAMAGED YOUR PROPERTY – OTHER THAN AUTO**

NAME OF OWNER OF PROPERTY DAMAGE \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_

ADDRESS (NO., STREET, CITY/TOWN, STATE & ZIP CODE) \_\_\_\_\_

DESCRIPTION OF PROPERTY DAMAGED \_\_\_\_\_