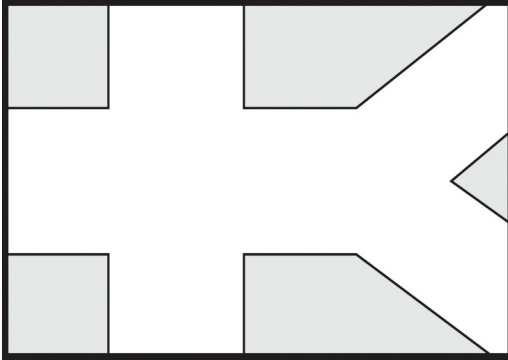


Roadway Diagram (Depict lanes, median, other vehicles, trees, etc.)



DESCRIPTION OF ACCIDENT IN DETAIL:

Date: _____

Time: _____

Weather Conditions: _____

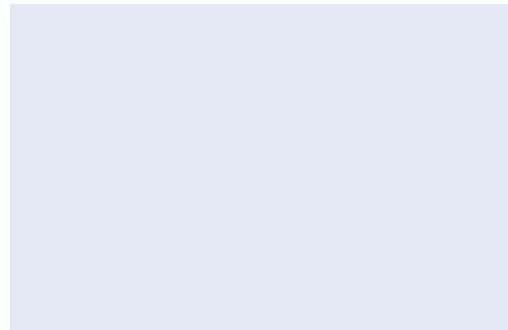
Location Description: _____

What Happened: _____

AmTrust Group Insurance Carriers, #18533, is rated "A" (Excellent) by A.M. Best with a Financial Size Category IX.



Represented by



Accident Report Summary

If you're in an accident, follow these steps:

1. Contact the police immediately.
2. If your personal safety allows, stay at the scene until the police arrive. Do not admit fault or discuss details with anyone other than law enforcement or your insurance investigator.
3. Report all accidents, even if they seem minor.
4. Notify your agent as soon as reasonably possible.

Use this Accident Report Summary to:

1. Get the other driver's insurance company name and policy number.
2. Obtain the name and address of each driver, passenger and witness.
3. Make notes of the details of the accident, such as traffic lights, weather conditions, directions the cars were going, etc.
4. Note the vehicles involved and where they can be inspected.

LOCATION OF DAMAGE TO YOUR VEHICLE:

LOCATION OF DAMAGE TO OTHER VEHICLE:

OTHER FACTS:

ACCIDENT INFORMATION



INSURED INFORMATION

Insured name:

First Last Phone

Driver name (if other than insured):

First Last

Vehicle:

Year Make Model

Where vehicle can be seen:

Location Phone

OTHER DRIVER INFORMATION

Driver name:

First Last Phone

Address:

Street City/State ZIP

Vehicle:

Year Make Model

Insurance company:

Name Policy Number Phone

Insurance company's address:

Street City/State ZIP

Where vehicle can be seen:

Location Phone

WITNESS(ES)

Witness #1 name:

First Last Phone

Witness #1 address:

Street City/State ZIP

Witness #2 name:

First Last Phone

Witness #2 address:

Street City/State ZIP

For quick attention, fax both sides of this report to us at: 877.207.3961.