

AUTO ACCIDENT REPORTING GUIDE

The sooner you call, the sooner we can help.

IF YOU ARE IN AN AUTO ACCIDENT:



Stop – Stop and turn on your hazard warning lights. No matter how minor the accident appears or who may be at fault, never leave an accident scene.



Get help – Call 911 for help if there are injuries, fire, hazardous substances that need to be cleaned up, a hit-and-run accident, or any situation requiring emergency assistance.



Protect people at the scene – Immediately activate your warning flashers and use emergency warning devices to alert other motorists. Take steps to prevent additional injuries or property damage. If you can do so safely, move vehicles off the roadway to a safe location.

Document – Collect the following information:

- Names, addresses and phone numbers of all drivers and witnesses.
- Driver's license number and insurance information of all drivers involved.
- Vehicle plate numbers as well as make, model and year of each vehicle.
- Details about what happened, including time, location, events leading up to the accident, weather, light conditions, etc.
- Photographs of all vehicles, damage and roadway details, if safe to do so.



Report – Prompt reporting is important. This might include reporting the accident to your employer if you were driving on your employer's behalf. Call your insurance company to discuss filing a claim. At the time of the accident, only discuss accident details with an insurance company representative, your employer and law enforcement, if present at the scene. Additionally, follow state and local accident reporting requirements.

Do not delay in reporting even if you do not have answers to all the questions. Please Call **800.243.2490** or email LossRptCSS@constitutionstateservices.com.

WE'LL WORK TO GET YOU BACK ON THE ROAD – FAST

At Constitution State Services (CSS), we are committed to handling your claim quickly and with superior service. Should you need to file a claim, here are a few things you can count on from CSS:



24/7 claim reporting. Remember to call us immediately to report a claim; the sooner you call, the sooner we can help.



Fast, quality service. Your CSS Claim professional will contact you to explain the claim process, evaluate your coverage and determine the best way to assess your vehicle damage.



If a company vehicle is damaged in an accident, your company has access to thousands of convenient repair locations across the country,¹ and repairs are guaranteed for as long as your business owns the vehicle.

¹Customers have the right to choose where their vehicle will be appraised (depending on the state) or repaired, and are under no obligation to use a repair facility in our network.

Below are handy wallet cards. Be sure to write your policy number on the back before placing in your wallet.



For you

Call Constitution State Services immediately at **800.243.2490** to report your claim.

Other driver's license plate number and state

Other driver's name and phone number



For other driver

This insurance card has been provided by a Constitution State Services customer. Please call us at **800.243.2490** for claim reporting. We are available to take your notice of a claim 24 hours a day, 365 days a year.

Accident Report Form

To help us get started on your claim right away, use this form to gather important information at the time of an accident.

Vehicle information from other driver

(Information in blue is important for prompt claim handling.)

Driver's name

License no.

State

Address

Work phone no.

Home phone no.

Owner of vehicle

Telephone no.

Owner's address

Year

Make

Model

Plate no.

State

Insurance company

Policy no.

Witnesses

1. Name

Telephone no.

Address

2. Name

Telephone no.

Address

3. Name

Telephone no.

Address

Police investigation

Police officer's name – precinct

Badge #

Report #

Was a ticket issued?

If yes: ☐ You

☐ Other driver

Be sure to write down the other driver's license plate number.

Accident information

Date of accident

Time

Place of accident – street name

City

State

Your vehicle information

Year

Make

Model

Plate no.

State

Owner of vehicle

Telephone no.

Driver's name

License no.

State

Injured persons

1. Name

Telephone no.

Address

Description of injury

Injured person was (Please check one):

☐ Driver ☐ Passenger ☐ Pedestrian

2. Name

Telephone no.

Address

Description of injury

Injured person was (Please check one):

☐ Driver ☐ Passenger ☐ Pedestrian



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