

# Accident Statement

## IDENTIFICATION

Claimant's Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

## ACCIDENT INFORMATION

**Please provide as many details as possible.**

1. Date: \_\_\_\_\_ day/month/year Time: \_\_\_\_\_
2. Location of accident (Indicate, if possible, street address and type of location: residence, public building, roadway, job site, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
3. Circumstances (Explain how the accident occurred): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. In case of a road accident, has a claim been filed with another insurance company, public or private?  Yes  No If yes, please provide:  
a) The name and address of the insurer: \_\_\_\_\_  
b) File number: \_\_\_\_\_ Name of claim adjudicator (if known): \_\_\_\_\_
5. Name(s) of witnesses: \_\_\_\_\_  
\_\_\_\_\_
6. Was a police report provided?  Yes  No If yes, please attach a copy.
7. In case of the death of the insured person, was a coroner's report provided?  Yes  No If yes, please attach a copy.
8. Was an autopsy report provided?  Yes  No If yes, please attach a copy.
9. Other relevant information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DECLARATION

**I hereby certify that the above information is, to the best of my knowledge, true and complete.**

\_\_\_\_\_  
Signature of claimant

\_\_\_\_\_  
Date