

# THIS IS YOUR ACCIDENT CLAIM PACKET

Please keep this packet in your vehicle at **ALL** times.  
If you need assistance in any way, please call us at :

**1.800.338.0619**

PLEASE SEE INSIDE POCKET FOR ACCIDENT INFORMATION  
REQUIREMENTS AND YOUR SPECIFIC COMPANY PROCEDURES.



**Fleet**  
*response*

## Dear Driver:

Please review the materials enclosed in this packet carefully prior to placing in your fleet vehicle. This packet outlines the procedures you must follow when your fleet vehicle is involved in an accident.

Take a minute to record your fleet vehicle information in the following spaces — this information will be needed when filing a claim.

UNIT#:

VIN:

LICENSE PLATE:

YEAR/MAKE/MODEL:

*If you have any questions regarding this program or need assistance, please contact us at 1.800.338.0619*



**PLEASE KEEP THIS PACKET IN  
YOUR VEHICLE AT ALL TIMES**

**1.800.338.0619**

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**WHAT TO DO IN CASE OF ACCIDENT**

- ▲ Notify police and obtain accident report
- ▲ Seek medical help for injured parties
- ▲ Do not admit fault
- ▲ Obtain driver and insurance information from other parties involved
- ▲ Check for/obtain information from any witness and/or injured parties
- ▲ Call Fleet Response at 1.800.338.0619 to file claim
- ▲ Fleet Response will arrange tow for your vehicle (if needed), repair any damage, provide rental replacement (if necessary), and glass service

**Fleet**  
*response*

**PLEASE REVIEW ENCLOSED INFORMATION**

# Accident Information Form

Please complete this form when involved in an accident with another party. After completing this form, call Fleet Response immediately. Please be prepared to provide the following driver and accident information. You will also be asked to provide your vehicle unit number, vehicle ID number (VIN), year/make/model and plate number.

<b>Other Driver 1 Information</b>	Driver Name			
	Owner Name			
	Owner/Driver Address			
	City/State/Zip Code			
	Home Phone			
	Cell Phone			
	Work Phone			
	Insurance Carrier Name			
	Insurance Carrier Phone			
	Insurance Policy Number			
	Year/Make/Model/Plate			
	Drivers License Number/State			
<b>Other Driver 2 Information</b>	Driver Name			
	Owner Name			
	Owner/Driver Address			
	City/State/Zip Code			
	Home Phone			
	Cell Phone			
	Work Phone			
	Insurance Carrier Name			
	Insurance Carrier Phone			
	Insurance Policy Number			
	Year/Make/Model/Plate			
	Drivers License Number/State			
<b>Witness/Passenger/Injured Information</b>	Name			
	Address			
	Phone			
	<b>Please Circle One</b>	Witness	Passenger	Injured
<b>Witness/Passenger/Injured Information</b>	Name			
	Address			
	Phone			
	<b>Please Circle One</b>	Witness	Passenger	Injured

Please use the back of this form to provide a complete description of the accident. Note the direction and speed of other vehicles involved, as well as any traffic signals or road conditions that may have contributed to the accident.

Description of Accident	
Please Use Letter 'A' for Your Vehicle, Please Use Letter 'B' for Other Vehicle, etc.	
Comments	

