

Auto_Claim_Insurance_Form_help

Accident Information

1. **Claim Number:**

A unique reference number assigned by the insurance company once the claim is filed.

2. **Accident Date:**

The calendar date when the accident occurred (e.g., April 30, 2025).

3. **Accident Time:**

The specific time when the accident happened (e.g., 3:45 PM).

4. **Accident Location:**

The address or description of where the accident took place (e.g., "Intersection of Main St. and 5th Ave, Los Angeles, CA").

5. **Date You Reported:**

The date when you first notified your insurance company about the accident.

Other Party Involved

1. **Name of the Other Driver:**

Full legal name of the person who was driving the other vehicle involved in the accident.

Example: John A. Smith

2. **Address:**

The residential address of the other driver.

Example: 123 Elm Street, Springfield, IL 62704

3. **Insurance Company:**

The name of the insurance company covering the other driver.

Example: State Farm Insurance

4. **Phone Number:**

Contact number of the other driver.

Example: (555) 987-6543

5. **Policy Number:**

The insurance policy number provided by the other driver's insurance company.

Example: SF-123456789