

Accident Statement

IDENTIFICATION

Claimant's Name: JANE DOE Policy No.: 76543

ACCIDENT INFORMATION

Please provide as many details as possible.

1. Date: 12 DEC 2024 Time: 3:45 PM2. 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): _____

Intersection of Main Street and Oak Avenue, Springfield4. 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: Green insurance companyb) File number: 1234 Name of claim adjudicator (if known): _____5. Name(s) of witnesses: Carter Smith
_____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: _____

The claimant reports that the other driver, John Smith, had initially accelerated through the green light but then braked suddenly to avoid a pedestrian who entered the crosswalk unexpectedly.

DECLARATION

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

Jane doe

Signature of claimant

12 Dec 2024

Date