ACORD. AUTO ACCIDENT INFORMATION FORM

KEEP THIS DOCUMENT IN YOUR GLOVE COMPARTMENT

					ecord the fact						
and addres	ss of all pa	arties inv	olved	l, and any wit	nesses to the	acciden	t. Give tl	ne completed	form to		
your insura	nce agent (or compai	ny, or	provide the inf	ormation by ph						
NAME OF INSURED:					TEF	RMINA	L:				
DATE OF ACCIDENT AND TIME LOCATION O			ACCIDE	NT (INCLUDE CITY &	STATE)						
	AM										
	РМ										
DESCRIPTION OF ACCIDENT (USE REVE	-										
AUTHORITY CONTACTED AND REPORT #					ANY VIOLATIONS	CITATIONS	AC A DECLUS	OF THE 400105117	(05000000)		
					ANT VIOLATIONS	CHAIIONS	AS A RESUL	OF THE ACCIDENT	(DESCRIBE)		
			***********								000000000000000000000000000000000000000
PROPERTY DAMAGED (NOT	TOUR VE	HOLE									
DESCRIBE PROPERTY (If auto, year, make, model, plate #)						INSURA	NCE COMPA	NY			
OWNER'S					NCE PHONE						
NAME & ADDRESS				BUSINE	SS PHONE			·			
OTHER DRIVER'S NAME & ADDRESS				(A/C, No	NCE PHONE						
(Check if same as owner)					SS PHONE						
DRIVER'S LICENSE NUMBER		DESCRIBE					(A/C, No				
		DAMAGE BE SEEN?									
INJURED PARTIES								•			
***************************************	E & ADDRESS	****************	************		PHONE (A/C, N	~)	AGE	DE	SCRIBE INJU		***********
						·,	AGE		SCHIBE INSU	<u>NI</u>	
INJURED WAS: PEDESTRIAN	IN YOU	IR CAR	INI	OTHER CAR							
TEDESTITIAN	1.100	IN OAN	III	DIFFER CAR							
INJURED WAS: PEDESTRIAN	[] IN 1/O	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	—								
***************************************	IN YOU	IH CAH	IN (OTHER CAR							
WITNESSES OR PASSENGERS							INS OTH				
NAME & ADDRESS					PHONE (A/C, No	INS OTH VEH VEH	01	THER (Specif	/)		
YOUR INSURED VEHICLE YEAR MAKE											
MARE				MODEL					PLATE NU	MBER	STATE
		-									
OWNER'S NAME &		RESIDENCE PHONE (A/C, No):									
ADDRESS DRIVER'S NAME	BUSINESS PHONE (A/C, No, Ext):						_				
<u>& AD</u> DRESS	RESIDE (A/C, No			NCE PHONE):							
(Check if same as owner)		.,					BUSINES (A/C, No	S PHONE			
RELATION TO INSURED (Employee, family, etc.)	TE OF BIRTH	DRIVER'S	LICENSI	NUMBER		STATE	PURPOSE			USED WITH PERMISSION	42
							OF USE			YES	NO
DESCRIBE				WHERE CAN		L.,	WHEN C	AN VEH BE SEEN?	OTHER INS	URANCE ON	
DAMAGE				VEHICLE BE SEEN?							
YOUR INSURANCE COMPANY NAME YOUR POLICY NU					3ER			YOUR AGENT'S NAME			
POLICYHOLDER INFORMATIK)N										
POLICYHOLDER'S						RESIDENCE PHONE					
NAME & ADDRESS						(A/C, No): BUSINESS PHONE (A/C, No, Ext);					
REMARKS											

GACORD CORPORATION 1994