



Claim #:

## INSURANCE DRIVER'S STATEMENT

(Please answer all questions fully)

What is your name? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Your business address and name of employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Date of accident: \_\_\_\_\_ Time \_\_\_\_\_:\_\_\_\_\_ Place of Accident: \_\_\_\_\_

Road Conditions      Dry      Wet      Icy      Snowy

Were you injured?      Yes      No

If injured, please state.

a) All Injuries sustained:

\_\_\_\_\_

b) Names and addresses of your treating Doctors:

\_\_\_\_\_

c) If treated at Hospital, Name & Address of Hospital:

\_\_\_\_\_

Emergency Care      Admitted

If admitted, names, addresses, ages of all passengers in your car at the time of the accident, and their location in the vehicle. (if injured, specify who was injured & injuries sustained.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you own the vehicle you were operating at the time of this accident?      Yes      No

If No, state name & address of owner of vehicle: \_\_\_\_\_

Was vehicle insured?      Yes      No

State name, address, policy number of insurance company and their claim number: \_\_\_\_\_

State the following as to motor vehicle:

a. Was it damaged?      Yes      No

b. Amount of Damage (attach copy of repair estimate. \_\_\_\_\_

c. Is vehicle covered by collision insurance?      Yes      No

d. Make, model, color, serial number & license plate number of the motor vehicle: \_\_\_\_\_

\_\_\_\_\_

**DRIVER'S STATEMENT (Continued)**

Name & address of all witnesses to the accident: \_\_\_\_\_  
\_\_\_\_\_

Did the police investigate this accident?      Yes              No              If yes, what police dept., police officer names and badges  
\_\_\_\_\_  
\_\_\_\_\_

Did you observe the motorcycle prior to impact?              Yes              No:  
If yes, please state:

a) Where was the motorcycle when you first observed it? \_\_\_\_\_  
\_\_\_\_\_

b) What was the speed of the motorcycle when you first observed it? \_\_\_\_\_ MPH

c) What was the speed of your motor vehicle when you first observed the motorcycle? \_\_\_\_\_ MPH

d) What was the speed of your motor vehicle at the moment of impact? \_\_\_\_\_ MPH

e) On what street and in what direction were you travelling just prior to the accident? \_\_\_\_\_  
\_\_\_\_\_

f) On what street and in what direction was the motorcycle travelling just prior to the accident? \_\_\_\_\_  
\_\_\_\_\_

If the accident occurred at an intersection please state:

a) Did your motor vehicle or motorcycle enter the intersection first? \_\_\_\_\_

b) Did you come to a full stop before entering the intersection?      Yes              No

c) Did the operator of the motorcycle come to a full stop before entering the intersection?      Yes              No

d) What was the speed of your motor vehicle as you entered the intersection? \_\_\_\_\_ MPH

e) What was the speed of the motorcycle as it entered the intersection? \_\_\_\_\_ MPH

Was the intersection controlled by a traffic control?      Stop Sign              Traffic Signal              Yield Sign              Blinking              None.

How far was your motor vehicle from the point of impact when you first observed the motorcycle? \_\_\_\_\_

What was your speed at that moment? \_\_\_\_\_ MPH

How far was the motorcycle from the point of impact when you first observed it? \_\_\_\_\_

What was the speed of the motorcycle at that moment? \_\_\_\_\_ MPH

Did the other driver make any statement as to the cause of the accident?      Yes              No

If yes, what was said, when and to whom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe in detail how the accident happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Click [HERE](#) to access an accident diagram.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_