

Adriatic Insurance Company

3501 N. CAUSEWAY BLVD., SUITE 1000
METAIRIE, LOUISIANA 70002

PHONE
(504) 838-8100
FAX
(504) 832-0605

Claim Number _____

ACCIDENT REPORT AND POLICY HOLDER/DRIVER INFORMATION

IMPORTANT: This Form Must Be Completed In Detail Before Your Claim Can Be Honored.

Named Insured _____ Phone # _____

Business Address _____ Yrs. in business _____

Residence _____ Phone # _____

Make of Vehicle _____ Year _____ Model _____ VIN _____

License plate # _____ State registered _____ Name of Owner _____

Address _____

Is vehicle used for business pleasure Is your vehicle a (check one) Taxi Radio Car Limousine

If vehicle is a Limousine, list coach builder and size of stretch _____

Email Address _____

Mileage _____ Number of miles since last engine overhaul _____ Color of Vehicle _____

Date of loss _____ Time _____ Location _____

Who was driving _____ Lic. # _____ State _____ Birth date _____

Address _____ Date employed _____

OTHER VEHICLE: Driver _____ Address _____

Registered Owner _____ Address _____

_____ Make of Vehicle _____ Year _____ Plate # _____

State Registered _____ Name and address of other party's agent or liability carrier _____

Was police report made _____ From what station or town _____

_____ Furnish Report # _____

Do you carry other insurance _____ Name of Company _____ Policy # _____

The following is to be completed by the Driver and Policy holder.

On what street or highway were you traveling? _____ Direction _____

What street was other party traveling? _____ Direction _____

What traffic control did you have? _____ the other party? _____

Who was issued a citation? _____ Type of violation _____

List damage done to your vehicle _____

List damage done to other vehicle _____

Were there any witnesses that saw the accident? _____ If yes, list name, address & phone # _____

List all tickets or accidents you've had in the past 3 years _____

Is your vehicle financed? _____ If yes, give name & address of Co. _____

_____ Acct./Loan # _____

Is your vehicle leased? _____ If yes, give name & address of lessor _____

Location where our appraiser can inspect the vehicle _____

Describe how accident happened: _____

ILLUSTRATE WITH A DIAGRAM

I, the undersigned, hereby state that the information contained is true, correct and complete to the best of my knowledge. I further understand that the withholding of information or the furnishing of incorrect or incomplete statements herein may be construed as an attempt to defraud the Company and that said Company has the right to disclaim coverage.

NOTE: Please read your Policy Provisions - they are important. If you don't have a copy call us and we will mail a copy to you.

Date _____ Driver's Signature _____