

# Adriatic Insurance Company

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

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

## ACCIDENT REPORT AND POLICY HOLDER/DRIVER INFORMATION

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

CO. USE ONLY

POL. #	DOL
--------	-----

Name insured \_\_\_\_\_ Phone # \_\_\_\_\_

Business address \_\_\_\_\_ Yrs. in business \_\_\_\_\_

Residence \_\_\_\_\_ Phone # \_\_\_\_\_

Make of Truck \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ Vin# \_\_\_\_\_

License plate# \_\_\_\_\_ State registered \_\_\_\_\_ Name of owner \_\_\_\_\_

Address \_\_\_\_\_

Make of engine \_\_\_\_\_ Horse power \_\_\_\_\_ Make of transmission \_\_\_\_\_

Type suspension \_\_\_\_\_ Type steering \_\_\_\_\_ Type brakes \_\_\_\_\_

(If tractor) Sleeper size \_\_\_\_\_ Type 5th wheel \_\_\_\_\_ Type wheels \_\_\_\_\_

Gross Vehicle Weight \_\_\_\_\_ Front axel ratio \_\_\_\_\_ Rear axel ratio \_\_\_\_\_

Fuel tank capacity \_\_\_\_\_ # of tanks \_\_\_\_\_ Color of vehicle \_\_\_\_\_

Mileage \_\_\_\_\_ # of miles since last time in-frame overhaul \_\_\_\_\_

Date of loss \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Who was driving \_\_\_\_\_ Lic.# \_\_\_\_\_ State \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Date employed \_\_\_\_\_

**OTHER VEHICLE:** Registered Owner \_\_\_\_\_ Address \_\_\_\_\_

Driver \_\_\_\_\_ Address \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_

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 incident? \_\_\_\_\_ If yes, list name & address \_\_\_\_\_

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

Is your truck financed? \_\_\_\_\_ If yes, give name & address of Co. \_\_\_\_\_

\_\_\_\_\_ Acct./Loan # \_\_\_\_\_

Is your truck leased? \_\_\_\_\_ If yes, give name & address of lessor \_\_\_\_\_

If an insured trailer was involved, provide Yr, Make & VIN \_\_\_\_\_

\_\_\_\_\_ Name and address of lienholder \_\_\_\_\_

\_\_\_\_\_ Show location where our appraiser can inspect the vehicle \_\_\_\_\_

Describe how accident happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ILLUSTRATE 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 \_\_\_\_\_