

Please keep this in the glove compartment of your vehicle so you have this information when you call your insurance company's claim department.



**Fidishun**  
INSURANCE & FINANCIAL

(Keep this for your records)

DATE OF ACCIDENT: \_\_\_\_\_

OTHER DRIVER: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

VIN: \_ \_ \_ \_ \_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please keep this in the glove compartment of your vehicle so you have this information when you call your insurance company's claim department.

(Detach and give this to the other driver)

YOUR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

YOUR INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

YOUR VIN: \_ \_ \_ \_ \_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_