

When reporting this accident, you will need information specific to the incident.

Complete the Driver's Report of Accident in this brochure, and follow the reporting instructions listed on the back of your Insurance identification card.

NOTES



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO

UNCG Vehicle Insurance
Tammy Downs, Risk Manager
tadowns@uncg.edu • rsk.uncg.edu
336-256-1102 • fax 336-256-2599
Office hours 8am to 5pm

St. Paul's Travelers Insurance Co.
Traveler's Insurance Claims
1-800-832-7839
Policy # TRJCAP104T6800

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**Travelers Insurance and
UNCG Institutional Risk Management**

St. Paul's Travelers Insurance Co.
Traveler's Insurance Claims
P.O. BOX 473501
Charlotte, NC 27605

UNCG Vehicle Insurance

IN CASE OF MOTOR VEHICLE ACCIDENT

PLEASE KEEP THIS IN
YOUR GLOVE COMPARTMENT

1. Take the precautions necessary to protect the scene of the accident from further accidents.
2. Call the appropriate law enforcement. If someone is injured, request medical assistance. If fire is involved, request Fire Department aid.
3. Answer Police questions. Give identifying information to other party involved, but make no comments about assuming responsibility.
4. Complete the DRIVER'S REPORT OF ACCIDENT portion of this brochure. You will need this information later for state and insurance reports.
5. As soon as possible, report accident to the to your supervisor and to the Office of Institutional Risk Management, Tammy Downs, at 256-1102 between 8am to 5pm. If the accident occurs after business hours between 5pm to 8am you may call St. Paul's Traveler's Insurance at 1-800-832-7839 to start claim process.

DRIVER'S REPORT OF ACCIDENT

ACCIDENT INFORMATION

Date of Accident	Time of Accident	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Place of Accident (St. OR HIGHWAY, CITY OR TOWN & STATE)		
DESCRIPTION OF ACCIDENT		

WITNESSES

It is important to get as many as possible!

1	NAME	TELEPHONE NO. ()
	ADDRESS	
2	NAME	TELEPHONE NO. ()
	ADDRESS	
3	NAME	TELEPHONE NO. ()
	ADDRESS	

POLICE INVESTIGATION

WERE POLICE NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	POLICE <input type="checkbox"/> CITY <input type="checkbox"/> STATE	PRICINT	REPORT NO.
POLICE OFFICER'S NAME	BADGE NO.	WAS ANYONE CONVICTED <input type="checkbox"/> NO <input type="checkbox"/> YOU <input type="checkbox"/> OTHER DRIVER	

YOUR VEHICLE INFORMATION

YEAR	MAKE	MODEL	PLATE NO.	STATE.
VIN (VEHICLE ID NO.)			COLOR	
OWNER OF VEHICLE				
OWNER'S ADDRESS				
DRIVER'S NAME			TELEPHONE ()	
ADDRESS				
AGE	SOC. SEC. NO.	DRIVER'S LICENSE NO.	STATE	

DESCRIPTION OF DAMAGE
LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)

OTHER VEHICLE INFORMATION

DRIVER'S NAME		TELEPHONE ()		
ADDRESS				
AGE	SOC. SEC. NO.	DRIVER'S LICENSE NO.	STATE	
YEAR	MAKE	MODEL	PLATE NO.	STATE
OWNER OF VEHICLE		OWNER'S ADDRESS		
INSURANCE COMPANY		POLICY NUMBER		

DESCRIPTION OF DAMAGE
LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)

INJURED PERSONS

1	NAME	TELEPHONE NO. ()
	ADDRESS	AGE _____ SEX M F
	SOC. SEC. NO.	OCCUPATION
	INJURED WAS <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> IN OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN	
DISCRPTION OF INJURY		
2	NAME	TELEPHONE NO. ()
	ADDRESS	AGE _____ SEX M F
	SOC. SEC. NO.	OCCUPATION
	INJURED WAS <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> IN OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN	
DISCRPTION OF INJURY		
3	NAME	TELEPHONE NO. ()
	ADDRESS	AGE _____ SEX M F
	SOC. SEC. NO.	OCCUPATION
	INJURED WAS <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> IN OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN	
DISCRPTION OF INJURY		

DAMAGE TO PROPERTY

1	OWNER'S NAME	TELEPHONE NO. ()
	ADDRESS	
	DAMAGED PROPERTY	EXTENT OF DAMAGE
2	OWNER'S NAME	TELEPHONE NO. ()
	ADDRESS	
	DAMAGED PROPERTY	EXTENT OF DAMAGE