

Report Your Accident to Central

What to Do After a Car Accident

When you are involved in an accident, it is an overwhelming and confusing experience. It may be hard to keep a level head and take the appropriate steps to make sure everyone is safe and the facts are documented. Keep this convenient brochure in your glove compartment as a guide, and follow the steps for safety and to record complete and accurate facts about the accident.

1. **Call 911** and report the accident.
2. **Move your vehicle** to a safe location if possible.
3. **Do not admit fault.** Only give out information required by the authorities, and do not sign any statement except from an authorized Central representative.
4. **Record the facts** completely and accurately by completing this brochure and taking photos. This includes recording the names, contact information and insurance information of the other drivers, and contact information of any witnesses.
5. **Take notes and photos** of any property damage caused by the accident.
6. **Contact your insurance agent** to report the claim.

Online

If you have a *myCentral*® account, you can report your accident to Central online. Visit our website at www.central-insurance.com and choose "Report a Claim" on the home page.

By Phone

Call Central at 888-263-2924, 8:00 am – 7:30 pm EST. After regular office hours, call toll-free: 877-346-0300.

Contact Your Agent

Agent: _____

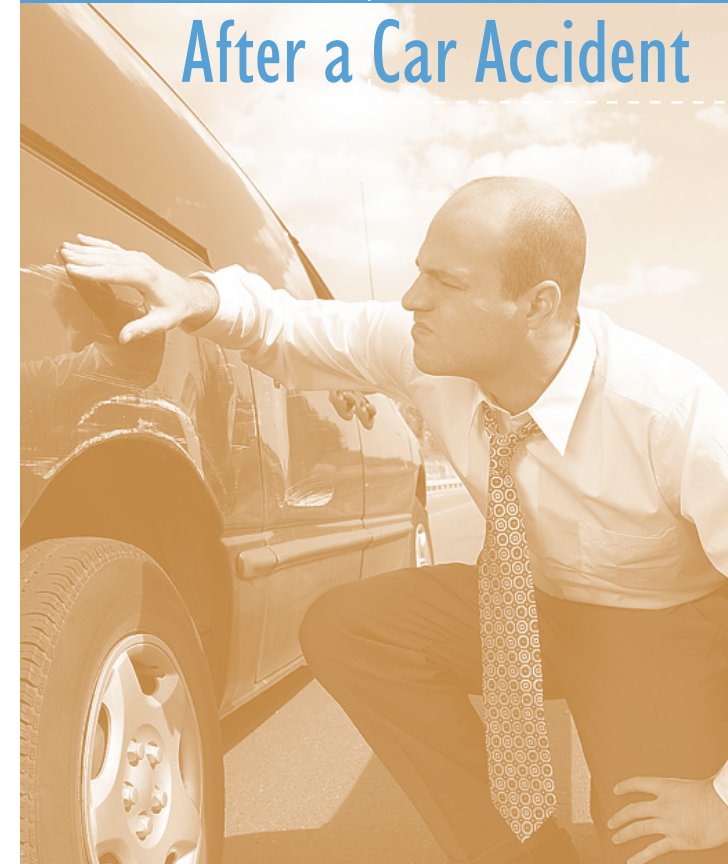
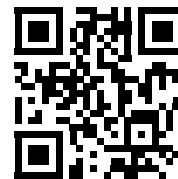
Phone Number: _____

Just have a broken windshield?

For fast, convenient glass service, call Central's special glass network to report an auto glass claim at 800-988-9808.



Fulfilling the Promise Since 1876



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Record the Facts

Accident Details

When _____ at _____ am pm

Where _____

Weather Conditions: Clear Rain Snow Fog Sleet Other _____

Road Conditions: Dry Wet Icy Under Construction Other _____

Responding Police Department _____

Describe the accident _____

Other Vehicle

Year _____ Make _____ Model _____

License Plate # _____ Color _____ # of Passengers _____

Vehicle's Owner _____ Damage _____

Other Driver

First Name _____ Last Name _____

Address _____ City, State, Zip _____

Phone: Home _____ Business _____ Cell _____

Drivers License# _____ Insurance Company _____ Policy# _____

Witness #1

First Name _____ Last Name _____

Address _____ City, State, Zip _____

Phone: Home _____ Business _____ Cell _____

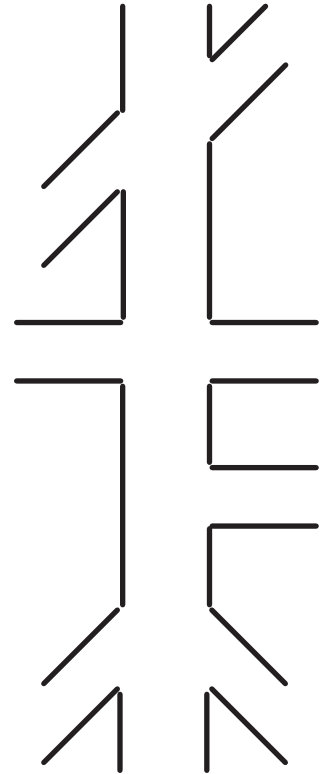
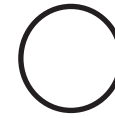
Witness #2

First Name _____ Last Name _____

Address _____ City, State, Zip _____

Phone: Home _____ Business _____ Cell _____

Street Diagram



Your Vehicle



Other Vehicles



Car Damage

