

## ! Take These Steps

- 1. Call 911** and report the accident. Your response after an accident can help save lives and speed rescue personnel.
  - Don't try to move an injured person unless there is a vehicle fire or other immediate risk.
  - Covering an injured person with a blanket can help prevent shock.
- 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** accurately by completing this brochure. 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.

## Report Your Accident

**Online** via the *myCentral*® website or mobile app. Log in or create an account at [central-insurance.com](http://central-insurance.com).

**By phone** at 888-263-2924.

**E-mail** claims to [lossnotices@central-insurance.com](mailto:lossnotices@central-insurance.com).

### Contact Your Agent

Agent: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Just have a broken windshield?

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

### Roadside Assistance

As a Central policyholder you have access to 24/7 Roadside Assistance by calling 888-263-2934.



Fulfilling the Promise Since 1876



Report a Claim

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# What to Do in Case of an ACCIDENT





# 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 \_\_\_\_\_ Officer Name \_\_\_\_\_

Describe the accident \_\_\_\_\_

\_\_\_\_\_

Towing Company \_\_\_\_\_ Phone \_\_\_\_\_

## 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# \_\_\_\_\_

Agent Name \_\_\_\_\_ Phone \_\_\_\_\_

## Witness #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

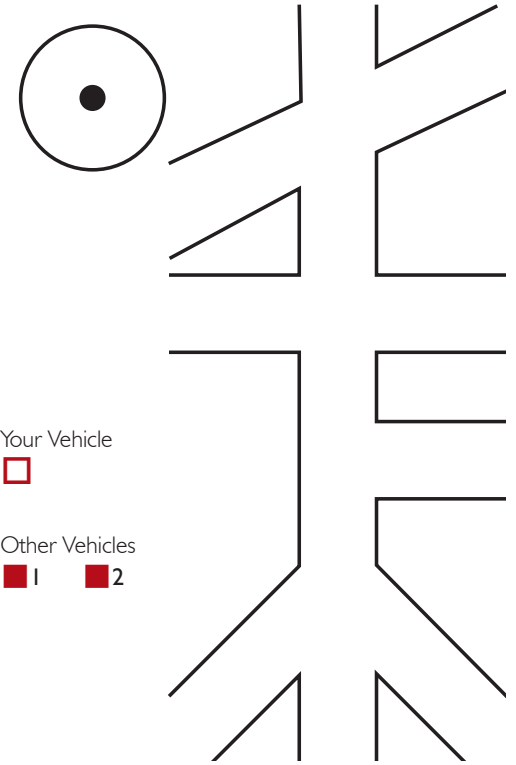
## Witness #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

## Street Diagram



## Vehicle Damage

