

Church Mutual Insurance Company, S.I.
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(715) 536-5577 • (800) 554-2642 • Fax (715) 539-4651
www.churchmutual.com

AUTOMOBILE ACCIDENT REPORT

*Please furnish the following information for prompt handling of your claim.
You may call this information in to our office or you may fax or mail this form to us.*

CLAIM INFORMATION

Date Reported _____
Reported by: (Name) _____ (Title) _____
Phone: (Home) _____ (Work) _____
Fax _____ E-mail _____
Account No. _____ Policy No. _____ Effective Date _____
Date of Loss _____ Time of Loss _____ a.m. p.m.
Insured's Name (as it appears on policy) _____
Address 1 (Street) _____
Address 2 (Street) _____
City _____ State _____ Zip Code _____

ACCIDENT INFORMATION

Location of Accident (Street) _____
City _____ State _____ Zip Code _____
Police Dept. reported to _____ Officer's Name/Badge No. _____
Report No. _____ Violation issued _____
Description of Accident - Describe fully - Detail on provided diagram

WITNESSES

It is critical to give full name and address of every person who knows anything about the accident.

Name _____ Phone No.: Home _____ Work _____
City _____ State _____ Zip Code _____
Name _____ Phone No.: Home _____ Work _____
City _____ State _____ Zip Code _____
Name _____ Phone No.: Home _____ Work _____
City _____ State _____ Zip Code _____
Name _____ Phone No.: Home _____ Work _____
City _____ State _____ Zip Code _____

INSURED'S VEHICLE AND DRIVER INFORMATION

Vehicle Serial No. _____ Year _____ Make _____ Model _____

Vehicle No. on policy _____ License Plate No. _____ State of Issue _____

Are you insured with any other insurance company? No Yes If yes, what company? _____

Name of Driver _____ Phone No.: (Home) _____ (Work) _____

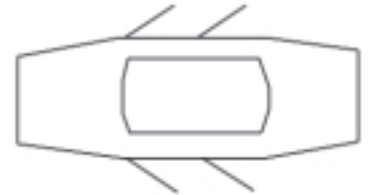
Relation to insured (employee, volunteer, family, etc.) _____ Date of Birth _____ Age _____

Address (Street) _____

City _____ State _____ Zip Code _____

Driver's License No. _____ Purpose of Use _____ Used with Permission No Yes

Describe damage to insured vehicle _____



Repair Estimate _____ Where can vehicle be seen? _____ When? _____

PASSENGERS IN INSURED VEHICLE (USE ADDITIONAL PAPER IF NECESSARY)

Name _____ Age _____ Sex _____

Parent/Guardian _____ Phone No. _____ Work _____

Address _____

City _____ State _____ Zip Code _____

Injuries _____

Name _____ Age _____ Sex _____

Parent/Guardian _____ Phone No. _____ Work _____

Address _____

City _____ State _____ Zip Code _____

Injuries _____

Name _____ Age _____ Sex _____

Parent/Guardian _____ Phone No. _____ Work _____

Address _____

City _____ State _____ Zip Code _____

Injuries _____

PROPERTY DAMAGE TO OTHERS

Owner of Property/Vehicle _____ Address _____

City _____ State _____ Zip Code _____

Name of Driver _____ Phone No. (Home) _____ (Work) _____

Address (Street) _____

City _____ State _____ Zip Code _____

Describe damage to insured vehicle _____



PROPERTY DAMAGE TO OTHERS (CONTINUED)

Other vehicle or property insured? No Yes If yes, state company or agency name, phone no., and policy no. _____

Repair Estimate _____ Where can vehicle be seen? _____ When? _____

PASSENGERS IN OTHER VEHICLE (USE ADDITIONAL PAPER IF NECESSARY)

Name _____ Age _____ Sex _____
Parent/Guardian _____ Phone No. _____ Work _____
Address _____
City _____ State _____ Zip Code _____
Injuries _____

Name _____ Age _____ Sex _____
Parent/Guardian _____ Phone No. _____ Work _____
Address _____
City _____ State _____ Zip Code _____
Injuries _____

Name _____ Age _____ Sex _____
Parent/Guardian _____ Phone No. _____ Work _____
Address _____
City _____ State _____ Zip Code _____
Injuries _____

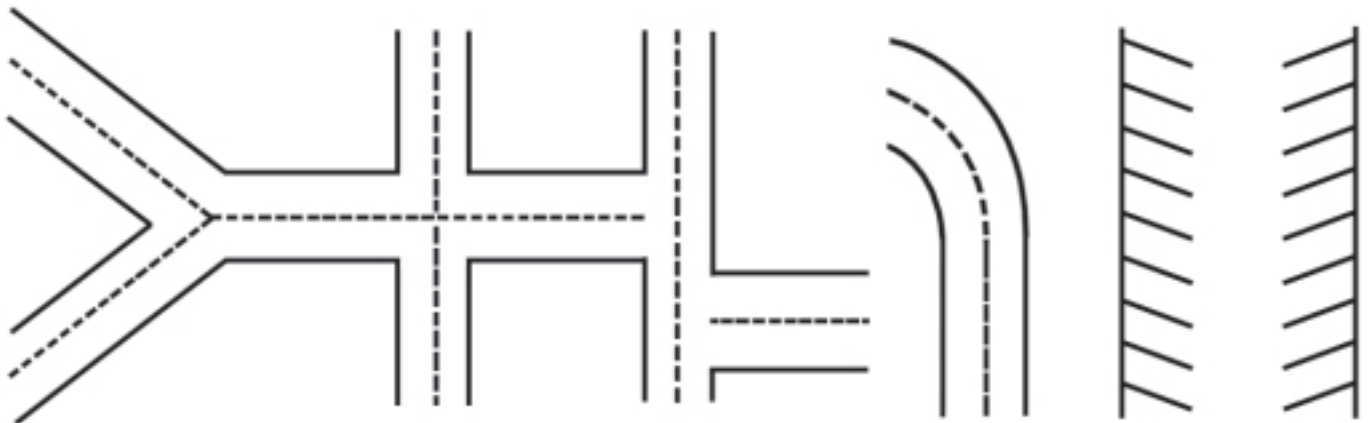
**SHOW CARS AS
YOU OTHER**



**LABEL EACH
STREET**

**SHOW STOP OR
SLOW SIGNS**

**INDICATE
DIRECTIONS**



**STATE - SPECIFIC FRAUD WARNING STATEMENTS FOR
CLAIM FORMS - AUTOMOBILE
(PLEASE READ CAREFULLY)**

- Arizona** "For your protection, Arizona law requires the following statement to appear on this form:
Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- California** "For your protection California law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."
- Colorado** "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."
- Florida** "Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."
- Maine** "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits."
- New Jersey** "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- New York** "Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles, or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty but not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation."
- Pennsylvania** "Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or missing information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000."

Alaska, Arkansas, Delaware, District of Columbia, Idaho, Indiana, Kentucky, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, and Virginia

"For your protection, these states require the following wording on this form:
Any person who knowingly and with intent to defraud an insurer files a statement of claim containing false, inflated, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud and may be subject to civil fines, criminal penalties, and denial of insurance benefits."

Applicable in All States

For your protection, review your policy for an explanation of the insured's duties in the event of a loss. Failure to comply with these duties may void your policy.

Name (print) _____
Phone: Home (_____) Work (_____)
City _____ State _____ Zip Code _____
Signature _____ Date _____