IF YOU HAVE AN ACCIDENT

- Remain Calm
- Do not argue or admit liability.
- Gather the facts outlined on the reverse side.
- Call 1 (877) 567 7486 to report the loss.
- Your Policy number is:

_________________________

- Your Location (Plant) Code is:

_________________________

- Complete the reverse side of this form and sign.
- Mail to the Tokio Marine office as advised by the Customer Service Rep.
- Report all accidents to the local police department, even if they were not at the scene.
- Secure a local police report number.
- Do not give written or recorded statement to anyone other a Police Officer or a representative of Tokio Marine America.

ACCIDENT DIAGRAM

Tokio Marine America

PO Box 483
Jersey City, NJ 07303

Telephone: 1-877-567-7486

Questions?
Please email us at
claim-account-coordination@TMAmerica.com
# Accident Report Form

## The Accident

- **Date:** __/__/____  **Time:** __:___ am or pm
- **Place:** __________________________
- **Pavement:**  
  - [ ] Dry  
  - [ ] Wet  
  - [ ] Ice/Snow
- **Weather:** ________________________
- **Traffic Control:**  
  - [ ] Lights  
  - [ ] Signs  
  - [ ] None (Indicate on diagram)
- **Description of Accident:**
  - __________________________________________
  - __________________________________________
  - __________________________________________
  - __________________________________________
  - __________________________________________
  - __________________________________________
  - __________________________________________
  - __________________________________________
  - __________________________________________

## Damage to Property of Others

**Other Driver's:**
- **Name:** _____________________________
- **Address:** __________________________
- **City:** __________  **State:** _______
- **License #:** _______________________

**Owner Other Vehicle:**
- **Name:** _____________________________
- **Address:** __________________________
- **City:** __________  **State:** _______
- **Plate #:** __________________________
- **Year:** _____  **Make:** _____________
- **Model:** ____________________________
- **Insurance Co:** _____________________

**Damage to Other Vehicle:**
- ______________________________________

**Damage to Property** (non-vehicle):
- ______________________________________

## Passengers & Witnesses

**Name:** _____________________________
- **Address:** _________________________
- **City:** __________  **State:** _______
- **Injured?** _________________________

**Passenger:**
- **Name:** _____________________________
- **Address:** __________________________
- **City:** __________  **State:** _______
- **Injured?** _________________________

**Witness:**
- **Name:** _____________________________
- **Address:** __________________________
- **City:** __________  **State:** _______
- **Injured?** _________________________

**Other Car:**
- **Name:** _____________________________
- **Address:** __________________________
- **City:** __________  **State:** _______
- **Injured?** _________________________

### Additional Information

- **City:** __________  **State:** _______
- **Phone:** ___________________________
- **Signatures:** _______________________