

# Accident Report

Date: [Date of Accident]

Policyholder Name: [Your Name]

Policy Number: [Your Policy Number]

Contact Information: [Your Phone Number, Email Address]

## Accident Details:

Accident Date: [Date of Accident]

Accident Time: [Time of Accident]

Location of Accident: [Location]

Description of Accident: [Brief description of what happened]

## Involved Parties:

Party 1: [Name and Contact Information]

Party 2: [Name and Contact Information]

Witnesses: [Names and Contact Information]

## Damage and Injuries:

Damage to Vehicle: [Details of vehicle damages]

Injuries Sustained: [Details of any injuries involved]

## Attachments:

Please find attached the following documents:

- Photos of the accident scene
- Police report (if applicable)
- Medical reports (if applicable)

## Conclusion:

We kindly request that you process this claim as soon as possible. Please contact me at the number provided above for any further information needed.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]