



CENTURION CORPORATION COMMERCIAL AUTO CLAIM FORM

PRINT THIS FORM AND KEEP IN YOUR GLOVE BOX TO FILL OUT IN CASE OF AN ACCIDENT.

Stay calm.

Stop to protect your passengers and car. Call an ambulance for any injured parties. Set flares and stay at the scene of the accident. Call the police. Do not leave.

Exchange documents with other involved parties.

Do not discuss the accident with anyone or blame anyone, including yourself.

Give the following facts:

Your name, address, license number, license plate number, name of registered owner of the car, and the name of your insurance company. Show your driver's license to the other party(ies).

Commercial Auto Claim Information:

Your Name: _____ Sex: Female Male E-Mail Address: _____
Daytime Phone: _____ Evening Telephone: _____
Street Address: _____ Town _____ State _____ Zip: _____
Should we contact you? Yes No _____ If no, whom? _____

Date, Time and Location of Loss:

Date: Month _____ Day _____ Year _____ Time: _____ (specify AM or PM)
Type of Loss _____ Location of Loss: (include City and State) _____
Was anyone injured? Yes No – If YES – call 800-356-2058 Is there a death involved? Yes No – If YES – call 800-356-2058
Briefly describe what happened: _____

Auto/Vehicle Losses:

Your vehicle: (year, make, model): _____ Who was driving? _____
Any Passengers? Yes No _____
Briefly describe any property damage to your vehicle: _____

Where can your vehicle be seen? _____ Other vehicle (year, make, model) _____
Driver of other vehicle: _____ Telephone Number (day): _____
Street Address: _____ Town _____ State _____ Zip: _____
Was there any authority contacted? Yes No _____ If yes, whom? _____
Are there any additional remarks you wish to make?: _____

Disclaimer
Please note that these quotes are based solely on the information provided on this form.
THIS IS NOT A BINDER OF INSURANCE.

A Centurion representative will contact you during the first business day following receipt of this incident report being forwarded to us. If you do not hear from a Centurion representative, please call us at 800-258-3056.



CENTURION CORPORATION AUTOMOBILE LOSS ADVICE FORM

PRINT THIS FORM AND KEEP IN YOUR GLOVE BOX TO FILL OUT IN CASE OF AN ACCIDENT.

Stay calm.

Stop to protect your passengers and car. Call an ambulance for any injured parties. Set flares and stay at the scene of the accident. Call the police. Do not leave.

Exchange documents with other involved parties.

Do not discuss the accident with anyone or blame anyone, including yourself.

Give the following facts:

Your name, address, license number, license plate number, name of registered owner of the car, and the name of your insurance company. Show your driver's license to the other party(ies).

Get the following facts from the other party(ies):

Name: _____	Name: _____
Address: _____	Address: _____
Driver's License#: _____	Driver's License #: _____
State: _____	State: _____
Date of Birth: _____	Date of Birth: _____
Sex: _____	Sex: _____
Phone Number: _____	Phone Number: _____
Car Driver Name: _____	Car Driver Name: _____
Car Owner Name: _____	Car Owner Name: _____
Insurance Company: _____	Insurance Company: _____
Policy Number: _____	Policy Number: _____

Seek information from the police for all injured parties involved, including passengers.

Name: _____	Name: _____
Address: _____	Address: _____
Date of Birth: _____	Date of Birth: _____
Sex: _____	Sex: _____
Injury: _____	Injury: _____

Get the following witness information; passengers ARE NOT witnesses.

Name: _____	Name: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____

Note the following damage information:

Car Make: _____	Car Make: _____
Body Type (car, truck, van, etc.): _____	Body Type (car, truck, van, etc.): _____
Model Year: _____	Model Year: _____
License #: _____	License #: _____
Damage: _____	Damage: _____
Other Property Damaged (guardrails, fences, etc.): _____	Other Property Damaged (guardrails, fences, etc.): _____

Note: If you damage guard rails, telephone poles, or other public property, report it to the police immediately.

Note the following:

Date: _____ Time: _____
Location (street intersection or landmark): _____

Draw a diagram of the accident:

If the accident involves injury or death, report it immediately to the police department. Obtain a copy of the police report within 24 hours. Report the accident to Centurion immediately.