In the event of an accident be sure to contact your agent and report a claim.

PIC POLICY NO. PHPK1987967

PHLY CLAIMS NUMBER

Phone: (800-765-9749)
Fax: (800-685-9238)

ACCIDENT DIAGRAM
1) Show all vehicles and their direction of travel.
2) Use solid line and dotted lines to show vehicle paths before and after accident
3) Specify location of any pedestrians
4) Indicate traffic control devices or anything else relevant to accident

ACCIDENT DESCRIPTION:

*For a complete list of all PHLY offices please visit: www.phly.com

2011-03
## PROCEDURE IN THE EVENT OF AN ACCIDENT

1. **Secure the Vehicle:**
   - Turn on Hazard Warning Lights
   - Set Parking Brake
   - Turn Off Engine
   - Extinguish Any Fires / Smoking Materials

2. **Protect the Accident Scene:**
   - Set Out Emergency Warning Deflectors
   - Move Vehicle If In Harms Way
   - Direct Traffic

3. **Aid Passengers and Injured Persons:**
   - Check For Injuries
   - Evacuate Vehicle If In Danger of Fire, Collision or Submersion

4. **Report Accident / Incident and Obtain Assistance:**
   - Contact Emergency Medical Services – Dial 911
   - Contact Fire Department
   - Contact Police Department
   - Contact Your Risk Management
   - Follow your Companies Reporting Procedures

5. **Report / Record Accident Facts and Information** (Accident Reporting Form)
   - Exchange Drivers License/ Vehicle / Insurance Information
   - Collect Witness/Passenger Information (use this form)
   - Complete Accident Report Form With Diagram (this form)
   - If a camera is available, Take Pictures of Vehicles/Accident Scene/Injured Parties (consider keeping a disposable camera in the vehicle)

   **DO NOT DISCUSS ACCIDENT OR PROVIDE INFORMATION TO ANY UNAUTHORIZED INDIVIDUALS, ADMIT GUILT OR FAULT TO ANYONE AT THE SCENE OF THE ACCIDENT, OR SIGN ANY STATEMENTS!!**

6. **Report a Claim**
   - Have your PHLY Policy Number Ready
   - Phone: (800-765-9749)     Fax: (800-685-9238)

### YOUR VEHICLE INFORMATION

<table>
<thead>
<tr>
<th>Drivers Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drivers Address:</td>
<td></td>
</tr>
<tr>
<td>Drivers License # / State:</td>
<td>Vehicle License #:</td>
</tr>
<tr>
<td>Make/Model:</td>
<td>Year of Vehicle:</td>
</tr>
<tr>
<td>Describe damage to vehicle:</td>
<td></td>
</tr>
</tbody>
</table>

### YOUR PASSENGER INFORMATION

1. Name:  
   - Telephone #: 
2. Name:  
   - Telephone #: 
3. Name:  
   - Telephone #: 

### INFORMATION ABOUT OTHER VEHICLE(S)

<table>
<thead>
<tr>
<th>Owner’s Name &amp; Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver’s Name:</td>
<td>DOB:</td>
</tr>
<tr>
<td>Driver’s Address:</td>
<td></td>
</tr>
<tr>
<td>Drivers License # / State:</td>
<td>Expiration:</td>
</tr>
<tr>
<td>Year of Vehicle:</td>
<td>Make/Model:</td>
</tr>
<tr>
<td>Insurance:</td>
<td>Policy No.:</td>
</tr>
</tbody>
</table>

### WITNESSES

1. Name of Witness:  
   - Phone#:  
   - Address:  
2. Name of Witness:  
   - Phone#:  
   - Address:  
3. Name of Witness:  
   - Phone#:  
   - Address:  
4. Name of Witness:  
   - Phone#:  
   - Address:  

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*Innovative Service  
Producing Optimum Results*