

VEHICLE SEATING DIAGRAM

Please circle the area of the vehicle that is damaged.

LEFT

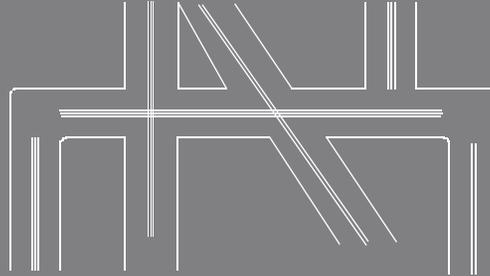


RIGHT

DRIVER	PASSENGER
#1	#2
#3	#4
#5	

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:

CONTACT US

13 REGIONAL OFFICES:

For more information regarding other products or to download forms and applications, please visit our website at: PHLY.com.

RISK MANAGEMENT SERVICES: 800.873.4552 Opt. 4

CLAIMS REPORTING: 800.765.9749

800.685.9238 Fax | E-mail: claimsreport@phly.com
Gather facts, mitigate loss, inventory damage

PAYMENT OPTIONS: 877.438.7459

E-mail: custserv@phly.com | Direct billed | Interest-free installments available | MasterCard, Visa, Discover, American Express, electronic checks

ACCIDENT PROCEDURES FORM



A Member of the Tokio Marine Group

AM Best A++ Rating
Ward's Top 50
97.4% Claims Satisfaction
120+ Niche Industries

800.873.4552 | **PHLY.com**

YOUR VEHICLE INFORMATION

Drivers Name: _____ DOB: _____
Drivers Address: _____
Drivers License Number/State: _____
Vehicle License Number: _____
Make/Model: _____ Year of Vehicle: _____
Accident Date: _____
Describe damage to vehicle: _____

YOUR PASSENGER INFORMATION

1. Name and Telephone Number: _____
2. Name and Telephone Number: _____
3. Name and Telephone Number: _____

ABOUT OTHER VEHICLE(S)

Owner's Name & Address: _____
Drivers Name: _____ DOB: _____
Drivers Address: _____
Drivers License Number/State: _____
Expiration: _____ Year of Vehicle: _____
Make/Model: _____
Vehicle License Number: _____
Insurance: _____
Policy Number: _____
Agent: _____

In the event of an accident, here is your policy number:

PHLY Policy Number:PHPK 2420560

The Boston Consortium Risk Management Grp
Bentley University, Berklee College of Music, Brandeis University,
College of the Holy Cross, Emerson College, Franklin W. Olin College
of Engineering, Lasell University, Wellesley College, Wheaton College

ABOUT OTHER VEHICLE(S)

Owner's Name & Address: _____
Drivers Name: _____ DOB: _____
Drivers Address: _____
Drivers License Number/State: _____
Expiration: _____ Year of Vehicle: _____
Make/Model: _____ Year of Vehicle: _____
Vehicle License Number: _____
Insurance: _____
Policy Number: _____
Agent: _____

WITNESSES

1. Name of Witness: _____
Telephone Number: _____
Address: _____
2. Name of Witness: _____
Telephone Number: _____
Address: _____
3. Name of Witness: _____
Telephone Number: _____
Address: _____
4. Name of Witness: _____
Telephone Number: _____
Address: _____

In the event of an accident, here is your policy number:

PHLY Policy Number:PHPK 2420561

The Boston Consortium Risk Management
Grp Bryant University, Rhode Island
School of Design, Roger Williams
University

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
7. **In The Event Of An Accident, Please Call Or Fax Us To:**
Report A Claim
T. 800.765.9749
F. 800.685.9238

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