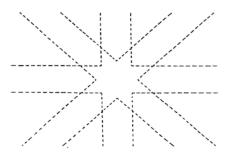
### IF YOU HAVE AN ACCIDENT

- 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 than a Police Officer or a representative of Tokio Marine America.

## ACCIDENT DIAGRAM





PO Box 483 Jersey City, NJ 07303

Telephone: 1-877-567-7486

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

# Automobile Glove Box Kit



## TOKIO MARINE AMERICA



THE ACCIDENT
DATE:// TIME:: am Dpm PLACE:
PAVEMENT: Dry Wet Ice/Snow
TRAFFIC CONTROL: Lights Signs None (Indicate on diagram) DESCRIPTION OF ACCIDENT:
POLICE REPORT #: OFFICER NAME:

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):
PROPERTY OWNER:
ADDRESS:
CITY: STATE:

	PASSENGERS & WITNESSES
	NAME: ADDRESS:
	CITY: STATE: PASSENGER WITNESS YOUR CAR OTHER CAR
	INJURED?         NAME:         ADDRESS:
	CITY:STATE: PASSENGER WITNESS YOUR CAR OTHER CAR INJURED?
	NAME: ADDRESS:
	CITY:STATE: PASSENGER WITNESS YOUR CAR OTHER CAR INJURED?
1.00	NAME: ADDRESS:
	CITY:STATE: PASSENGER WITNESS YOUR CAR OTHER CAR INJURED?
	YOUR NAME: ADDRESS:
	CITY:STATE: PHONE: INJURED?
	SIGNATURE: