



WHAT TO DO IF YOU HAVE AN AUTO ACCIDENT

**TO REPORT
AN AUTO
CLAIM, CALL
THE HARTFORD
LOSS CONNECT
SERVICE AT
1-800-327-3636**

Employer

To help ensure your employees know what steps to take following an auto accident, consider keeping a copy of these tips in every company car.

Employee

If you're involved in an on-the-job auto accident, consider the tips below to help manage the situation. And, if possible, fill out the information form on the back page to help your employer process the insurance claim.

1. If someone is injured, call 911 immediately. Otherwise, call the police or fire department to report your accident.
2. Take steps to prevent further accidents and injuries. If permissible, and the police or fire department suggest so, move your vehicle to the side of the road or other safe place.
3. Do not leave the scene of the accident until it is appropriate to do so.
4. At the accident scene, limit your discussions of specifics of the accident to those with a "need to know," such as the police, fire or other emergency personnel.
5. Exchange your name, insurance company, policy number and vehicle's license plate number with the other driver(s).
6. If safe to do so, consider taking photos of the accident scene and vehicles.
7. As soon as possible, contact your employer and call The Hartford's 24-hour toll-free hot line at 1-800-327-3636 to report your claim.
8. Consider using our Auto Repair Shop Network with a lifetime workmanship guarantee. Ask your Claims Representative or visit www.thehartford.com/autorepairshops to find a local network repair shop. As always, you may select the shop of your choice.

These tips are intended as general guidance. You should always use your judgment given the circumstances. By providing these tips The Hartford assumes no responsibility for your actions or omissions in connection with responding to an accident.

107584 2nd Rev. Printed in U.S.A.
© February 2012 The Hartford Financial Services Group, Inc., Hartford, CT 06155
All Rights Reserved.

**CALL THE HARTFORD WITH THE FOLLOWING
INFO AT 1-800-327-3636:**

Date _____ Time _____ AM
PM

**DRIVERS & VEHICLES:
Your Vehicle**

Driver: _____

Address: _____

(STREET)

(CITY) (STATE) (ZIP)

Driver License No: _____

Daytime Telephone No: _____

Cellular Telephone No: _____

Email Address: _____

Make of Vehicle: _____ Yr _____

Model: _____

Vehicle Owner: _____

Address: _____

(STREET)

(CITY) (STATE) (ZIP)

Daytime Telephone No: _____

Email Address: _____

Passenger(s): _____

Other Vehicle

Driver Name: _____

Address: _____

(STREET)

(CITY) (STATE) (ZIP)

Driver License No: _____

Daytime Telephone No: _____

Cellular Telephone No: _____

Email Address: _____

Make of Vehicle: _____ Yr _____

Model: _____

License Plate No: _____ ST _____

Vehicle Owner (if different than driver): _____

Address: _____

(STREET)

(CITY) (STATE) (ZIP)

Daytime Telephone No: _____

Email Address: _____

Insurance Carrier: _____

Policy Number: _____

Passenger(s): _____

Address: _____

(STREET)

(CITY) (STATE) (ZIP)

Daytime Telephone No: _____

Cellular Telephone No: _____

Passenger(s): _____

Address: _____

(STREET)

(CITY) (STATE) (ZIP)

Daytime Telephone No: _____

Cellular Telephone No: _____

LOCATION & DESCRIPTION OF ACCIDENT:

Street _____ Intersecting with _____

City _____ State _____

Light Conditions (Check one): Daylight Dusk

Dawn Dark

Weather: Rain Snow

Clear Fog

Road Surface: Dry Wet

Snow Ice

Highway: Divided Undivided

Number of lanes: _____

Posted speed limit: _____

Your speed: _____

Other vehicle speed: _____

Location of damage to your vehicle: _____

Towed? Yes No Location: _____

Location of damage to your vehicle: _____

Towed? Yes No Location: _____

Description of Accident: _____

Police Department: _____

Investigating Officer: _____

Badge No: _____ Report Number: _____

Citations: _____

Witnesses:

Name: _____

Address: _____

(STREET)

(CITY) (STATE) (ZIP)

Daytime Telephone No: _____

Cellular Telephone

No: _____

Persons Injured:

Driver of your vehicle: Yes No

Passenger(s) in your vehicle: Yes No

Driver of other vehicle: Yes No

Passenger(s) in other vehicle: Yes No



**THE
HARTFORD**