

# INSTRUCTIONS FOR REPORTING AUTO ACCIDENTS

1. Never admit fault.
2. Obtain all the information you can BEFORE the police arrive, especially the other party's insurance. (Copies of police reports can take 3-5 days to be available.)
3. Advise the other party you will report the accident and a representative should contact them in 2-3 business days. If they do not hear by then, they should call Molyneaux Insurance.
4. Report the accident to: Molyneaux Insurance 563-324-1011 (after hours: 563-383-1715).

<b>NAME AND ADDRESS OF YOUR BUSINESS:</b>		<b>DATE OF INCIDENT:</b> _____
		<b>TIME OF INCIDENT:</b> _____
<b>BUSINESS CONTACT FOR CLAIMS:</b>		
<b>NAME:</b> _____		
<b>PHONE &amp; EMAIL:</b> _____		
<b>LOCATION OF INCIDENT (ADDRESS, CITY, STATE):</b>		
<b>BRIEF DESCRIPTION OF INCIDENT (diagram on the back):</b>		
<b><i>TAKE PHOTOS OF DAMAGE, INCLUDING ALL SIDES OF THE OTHER VEHICLE INVOLVED</i></b>		
<b>POLICE CONTACTED (CITY, STATE):</b>	<b>FIRE DEPT CONTACTED (CITY, STATE)</b>	
<b>BUSINESS VEHICLE</b>	<b>INSURED DRIVER</b>	
YEAR/MAKE/MODEL: _____	DRIVER NAME: _____	
VIN # (last 6 digits min): _____	DRIVER PHONE: _____	
DESCRIPTION OF DAMAGE:	DRIVER INJURIES:	
<b>PASSENGER NAME &amp; PHONE:</b>		
<b>PASSENGER INJURIES:</b>		
<b>OTHER VEHICLE</b> (if possible: photo of veh. registration & driver's license)		
YEAR: _____ MAKE/MODEL: _____		
DESCRIPTION OF DAMAGE:		
<b>OWNER'S - NAME &amp; PHONE:</b>		
<b>DRIVER'S - NAME &amp; PHONE:</b>		
<b>OWNER'S INSURANCE - NAME &amp; PHONE:</b>		
PASSENGER - NAME & PHONE:	INJURED: Y / N / UNK	
PASSENGER - NAME & PHONE:	INJURED: Y / N / UNK	
<b>WITNESS - NAME &amp; PHONE:</b>		

Although most of your communication will be with the insurance claims representative, if you have any concerns about your claim, please contact the Molyneaux Insurance claims team:

[Diane@Molyneaux.com](mailto:Diane@Molyneaux.com) (563-823-7072) or [Rachel@Molyneaux.com](mailto:Rachel@Molyneaux.com) (563-823-7052)



## Instructions for Accident Diagram

Fill in dotted lines to correspond with the road at accident site. Show position of all vehicles, pedestrians, etc.

Your vehicle (numbered "1")

Other vehicle(s) (numbered 2, 3, etc.)



Pedestrian



Traffic sign (indicate type)



Traffic signal

