



PACIFIC BASIN INSURANCE COMPANY

P.O. Box 500710, Saipan, MP 96950

Tel. Nos. (670) 234-5860/7864

Fax Nos. (670) 234-7841

Email: pbicorp86@gmail.com

Website: <https://pacificbasininsurance.com>

CLAIMANT'S REPORT OF ACCIDENT (AUTO)

ATTENTION: Your claim will be
Completed only when this report
Is properly completed AND estimates
of cost on repairs or receipted bill
Is attached.

____ 20____
DATE

AGAINST _____
(Owner of Other Automobile)

CLAIMANT'S NAME _____
(Owner of Damaged Property)

ADDRESS _____ Telephone _____

DESCRIPTION OF YOUR AUTOMOBILE (Show as car No. 1 on chart)

Make of Car _____ Year _____ Type _____ License No. _____

Registered Owner _____ Address _____

Name of Driver _____ Age _____ Address _____

Do you have any collision insurance for damage to your car? Check: YES _____ NO _____

If "Yes" what is the name of your Insurance Company _____

Estimated Cost of Repairs to your Car \$ _____ Car now at _____

PROPERTY DAMAGE OTHER THAN AUTOMOBILE

Describe Property _____

Estimated cost of repairs or replacement _____ Location _____

WAS ANYONE INJURED? _____ IF SO, ANSWER THE FOLLOWING:

("Yes" or "No")

Name _____ Address _____ Phone No. _____

Describe Injuries _____

Medical Treatment Required? _____

("Yes" or "No")

Name _____ Address _____ Phone No. _____

Describe Injuries _____

Medical Treatment Required? _____

("Yes" or "No")

LIST OCCUPANTS OF YOUR AUTOMOBILE:

Name _____ Address _____ Phone No. _____
Name _____ Address _____ Phone No. _____
Name _____ Address _____ Phone No. _____

DESCRIPTION OF OTHER AUTOMOBILE (Show as car no. 2 on chart)

Make of car _____ Year _____ Type _____ License No. _____
Driver _____ Address _____
Were there any occupants other than driver? _____ If so, how many? _____

IMPORTANT: LIST WITNESSES NOT IN EITHER AUTOMOBILE INVOLVED:

Name _____ Address _____ Phone No. _____
Name _____ Address _____ Phone No. _____

STATEMENT OF ACCIDENT – PLEASE answer every question.

Accident Date _____ 20 _____ Time _____ O'clock _____ M.

Location of Accident _____
(Street or Highway) – (At or Near Cross Street or Town)

Direction you were traveling? _____ What Street? _____ Speed? _____

Direction you were traveling? _____ What Street? _____ Speed? _____

Had either driver violate any traffic law? _____ Which car? _____

Explain _____

Speed of each car as it entered the intersection? _____ Your car _____ Other car _____

Which car entered the intersection first? _____

Was the view of either driver obstructed? _____ Speed limit at point of accident? _____

Where was other car when you first saw it? _____

Where was your car at that time? _____

At night were lights burning on Your Car? _____ Head? _____ Tails? _____

Other Car? _____ Head? _____ Tails? _____

What weather conditions: Wet? _____ Dry? _____ Rain? _____ Fog? _____

Length of skid marks left by your car? _____ Other car? _____

What did you say about accident? _____

What did other driver say about accident? _____

Was there any indication of intoxication? _____ In which car? _____

Was Accident Reported to Police Department? _____

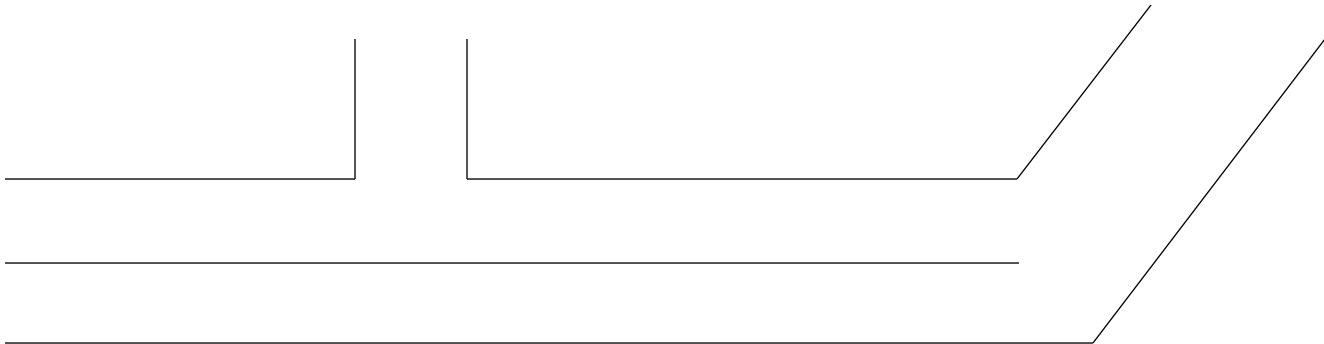
Name of Officer _____ What Station? _____ City _____

Are Driver Cited or Arrested? _____ You? _____ Other Driver? _____ Chargers? _____

Date of Hearing _____ Place _____ Name of Judge _____

IMPORTANT: DESCRIBE IN YOUR OWN WORDS HOW ACCIDENT OCCURRED:

DRAW ROUGH DIAGRAM OF ACCIDENT: Show your car as 1 : Other car as 2 as the collision occurred. Show direction and distance traveled before crash by solid line thus: _____ Then at point of crash; third, positions and distances traveled after collision. Show distance and direction traveled after crash by dotted line thus:



Has your car been repaired? _____ if so, attach receipted bill; if not, attach estimate of repairs from three well know repair shops. This report must be signed by both owner and driver of vehicle.

SIGNATURE: Owner _____ Driver _____