

Accident Reporting Instructions

All accidents must be reported to National Interstate. In the event of an accident, please follow these instructions:

1. Stop immediately and call your Supervisor.
2. Protect the accident scene by placing appropriate warning devices and activating your hazard lights. If possible, post a person to warn oncoming traffic.
3. If possible, protect your equipment and cargo from further damage and/or theft. However, do NOT disturb the accident scene.
4. Be courteous, but do not sign anything or discuss the accident with anyone except the police, your supervisor and the National Interstate adjuster. Make sure you ask for verification of proper identification.
5. Do not admit responsibility or agree to pay for any damages or injuries of any kind.
6. Obtain witness statements using the enclosed **Witness Information Forms**.
7. Completed the **Accident Report Form** (see reverse side) and forward it to the National Interstate Claims department as soon as possible.
8. Take photos of the accident scene - this includes all vehicles involved, skid marks on roadway, any and all factors that contributed to the accident (road hazards), pre-existing damage to all involved vehicles and license plates of all vehicles including any witness vehicles.
9. If required by DOT guidelines or if your company policy requires a drug or alcohol test, complete the test post-accident. Confirm with your Supervisor when you report the accident if testing is required.

Report an Accident – 24 Hours a Day
800-929-0870

AN INSURANCE EXPERIENCE BUILT AROUND YOU.



CLAIMS

3250 Interstate Drive | Richfield, Ohio 44286 | natl.com

Accident Report Form

Enter Insured Information Here

Name of Insured:		
Street Address:		
City:	State:	Zip Code:
Insurance Agency Name/Number:		
Contact Name:	Primary Phone:	
Insurance Policy Number:		
Date of Loss:	Driver Name:	
Location of Accident:		
Year/Make/VIN of Insured Vehicle:		
Passenger Name:	Their Phone Number:	

Enter Other Vehicle Involved Information Here

Driver Name:		
Street Address:		
City:	State:	Zip Code:
Primary Phone:	Secondary Phone:	
Owner of Vehicle		
License Plate Number:	Vehicle Registration State	
Year/Make/VIN of Other Vehicle:		
Insurance Company Name:		
Insurance Policy Number:		
Passenger:	Their Phone Number:	
Passenger:	Their Phone Number:	
Passenger:	Their Phone Number:	

Enter Injured Person(s) Information Here

1.) Name:	Phone Number:	
Street Address:		
City:	State:	Zip Code:
Injuries:		
2.) Name:	Phone Number:	
Street Address:		
City:	State:	Zip Code:
Injuries:		
3.) Name:	Phone Number:	
Street Address:		
City:	State:	Zip Code:
Injuries:		

Enter Police Report Information Here

Department Name:		
Officer Name:		
Badge Number:	Phone Number:	

Enter Reporter Information Here

Reported By Name:		
Reported By Signature:		
Send Email to: newclaims@natl.com	<input type="checkbox"/>	Report Claim to 800-929-0870 <input type="checkbox"/>

Witness Information Form

Date of Accident: _____ Did you see the accident? Yes No

Was anyone hurt? Yes No If yes, who? _____

Location of the accident: _____

Were you a passenger in any of the vehicles involved? Yes No

If yes, please describe your injuries: _____

Describe the accident and what you saw:

Your Contact Information

Your Name: _____

Phone Number: _____

Street Address: _____

City, State, Zip: _____



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