

WITNESS CARD

DATE AND TIME OF ACCIDENT _____

DID YOU SEE THE ACCIDENT? _____

DID ANYONE APPEAR INJURED? _____

WERE YOU A PASSENGER? _____

WHERE WERE YOU AT TIME OF ACCIDENT? _____

HOW DID THE ACCIDENT HAPPEN? _____

YOUR NAME _____

ADDRESS _____

ZIP _____

DAYTIME PHONE NUMBER _____

WHAT WAS YOUR DESTINATION? _____

WHERE DID YOU DEPART FROM? _____

PLEASE COMPLETE THIS CARD AND RETURN IT TO DRIVER - THANK YOU.

USE REVERSE SIDE IF NECESSARY.

ACORD 13 (2/95)

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EXCHANGE OF INFORMATION FORM

COMPLETE AND GIVE TO OTHER PARTIES INVOLVED IN THE ACCIDENT

POLICYHOLDER'S NAME _____

ADDRESS _____

DAYTIME PHONE # _____

INSURANCE AGENT _____

INSURANCE COMPANY _____

INS CO PHONE # _____

POLICY # _____

ACORD 12 (2/95)

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