



Date of Loss: ___/___/___

Time: ___:___ AM/PM

Policy # & Named Insured:	
Location of Accident:	
Description of Accident:	
Weather/Road Conditions:	
Authority Contacted:	Report #:

Insured Vehicle Information –

Vehicle Information:	Veh #	Year	Plate #	State
Make:	Body Type:			
Model:	V.I.N.:			
Driver's Name:			Phone: ()	
Address:				
City/State:				
Date of Birth: ___/___/___		Driver's License #:		State
Describe Damage:				
Vehicle Location:			Estimate Amount: \$	
Passenger:			Phone: ()	

Other Vehicle Information –

Insurance Company:			Policy #:	
Owner's Name:			Phone: ()	
Address:				
City/State:				
Vehicle Information:	Color	Year	Plate #	State
Make:	Body Type:			
Model:	V.I.N.:			
Driver's Name:			Phone: ()	
Address:				
City/State:				
Passengers:			Phone: ()	
			Phone: ()	
			Phone: ()	
Witnesses:			Phone: ()	
			Phone: ()	
			Phone: ()	



Contact Person:	Reported by:
Phone: ()	

Send completed reports to: newclaims@crestins.com

By fax to: (520) 325-3757

By mail to:

Crest Insurance Group
Claims Department
5285 E. Williams Circle, Suite 4500
Tucson, AZ 85711

Contact Information:

Tucson Location: (520) 881-5760
Toll Free: (888) 881-5765
info@crestins.com

SUGGESTIONS FOR REPORTING AUTO ACCIDENT CLAIMS

- Remain calm, get to a safe place, check for injuries, administer First Aid, and call the police or EMT
- Things NOT to say: “It’s all my fault” (even if it is). “My insurance will pay for everything.” “It’s okay, I have full coverage.”
- Were photographs taken? Please include originals (photocopies are seldom adequate)
- Was a police report/incident report created? Please include all copies. Cooperate with the officer and tell them what you know.
- Get as much information as possible. The more detail you can supply, the better.