

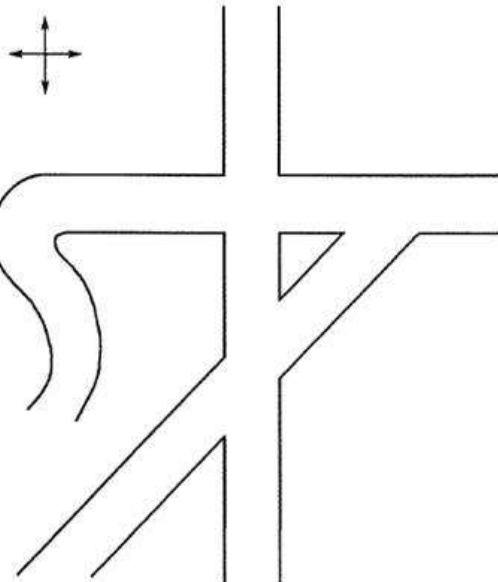
AmTrust provides our policyholders with Driver's Glove Box Accident Report kits. These paper kits should be placed in each vehicle's glove box so that drivers can complete a Preliminary Accident Report immediately after an auto accident. **To order a supply of the Accident Report Kits, please send an email to AskLC@amtrustgroup.com and include the following information:**

- **Policyholder name and policy number**
- **Physical address for mailing and the contact name of the person receiving the kits**
- **The number/amount needed (usually this will be the same or slightly above the number of automobile units in the organization's fleet)**

DESCRIPTION

GIVE BRIEF ACCOUNT OF ACCIDENT _____

YOU ARE VEHICLE NUMBER 1. SHOW VEHICLE POSITIONS ON DIAGRAM



No. C1104

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1-800-367-9100

Reorder from Trans Products
PO Box 898 Milford, DE 19963

PRELIMINARY ACCIDENT REPORT

\$390.15

To be completed at the scene of the accident.

DATE _____ DAY _____ TIME _____ =A.M.
=P.M.

LOCATION _____
IF RURAL, SHOW NUMBER OF MILES N - S - E - W OF NEAREST CITY.

CITY _____ STATE _____

FATALITIES	NUMBER OF INJURIES	TOWS	HAZMAT RELEASED?		
			YES	OR	NO

OUR VEHICLE AND DRIVER

DRIVER'S NAME _____

FLEET NO(S) _____

WAS A DRUG OR ALCOHOL TEST ADMINISTERED BY THE INVESTIGATING FEDERAL, STATE, OR LOCAL OFFICIALS? YES _____ NO _____

IF YES, WAS THE TEST FOR DRUGS _____ ALCOHOL _____

NAME OF OFFICIAL ADMINISTERING TEST _____

NAME OF AGENCY _____

ADDRESS OF AGENCY _____
PO. BOX / STREET CITY STATE ZIP

PHONE NO. OF AGENCY (_____) _____
AREA

IF INVESTIGATING OFFICIAL DID NOT PERFORM TEST, NAME AND ADDRESS OF WHERE YOU SUBMITTED FOR A DRUG OR ALCOHOL TEST:

NAME _____

ADDRESS _____
PO. BOX / STREET CITY STATE ZIP

PHONE NO. (_____) _____
AREA

OTHER VEHICLE

NO. OF PASSENGERS _____

DRIVER'S NAME _____ AGE _____

ADDRESS _____
PO. BOX / STREET CITY STATE ZIP

PHONE NO. (_____) _____
AREA

LICENSE NO. _____ STATE _____

(CONTINUED ON NEXT PAGE)

