

INSURANCE INFORMATION MOTOR VEHICLE ACCIDENTS

Note: The information given is not your name and address or the person who hit you but the auto insurance companies involved and their addresses, and the adjusters and claim numbers assigned to your accident. YOU CAN TAKE THIS HOME WITH YOU, BUT YOU MUST RETURN IT BY YOUR SECOND VISIT – OR WE WILL BE UNABLE TO SEE YOU UNTIL YOU HAVE ALL THIS INFORMATION TO OUR OFFICE.

YOUR CAR INSURANCE INFORMATION: (Or the person whom you were riding with)
MEDICAL PAY: (You may or may not have this. If yes, we need the declaration page of your policy)

Insurance Company: _____
Address: _____
City/State/Zip _____
Phone: _____
Claim Number: _____
Adjuster Name: _____

INSURANCE COMPANY OF THE PERSON WHO HIT YOU:

Insurance Company: _____
Address: _____
City/State/Zip _____
Phone: _____
Claim Number: _____
Adjuster Name: _____

YOUR HEALTH INSURANCE:

Insurance Company: _____
Address: _____
City/State/Zip _____
Phone: _____
Policy Number: _____

ATTORNEY: (If you have retained an attorney due to this accident – If you get one at a later date, let us know)

Name: _____
Address: _____
City/State/Zip _____
Phone: _____

KNOW THE LAW: IN MISSOURI, YOU ARE ENTITLED TO BILL ALL INSURANCE COMPANIES THAT APPLY. MISSOURI INSURANCE REGULATION 4CRS 190-17, 100(3) STATES: “IN NO EVENT SHALL AN INSURER REQUEST AN INCREASE IN PREMIUM IN CONNECTION WITH ANY CLAIM ARISING OUT OF ANY ACCIDENT FOR WHICH THE INSURED IS NOT AT FAULT”.