

# TAKAGI & ASSOCIATES, INC.

## Professional Insurance Consultants

Suite 200, Flame Tree Plaza, 540 Pale San Vitores Road, Tumon, Guam 96913

Tele. No.: (671) 648-5350 Fax No.: (671) 648-5373

### AUTOMOBILE ACCIDENT AND LOSS REPORT

Named Insured and Address: \_\_\_\_\_

Phone No(s): (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cellular) \_\_\_\_\_

Driver's Name and Address: \_\_\_\_\_

D.L. No.: \_\_\_\_\_ S.S. No.: \_\_\_\_\_ Phone No(s): \_\_\_\_\_

Who authorized him/her to drive? \_\_\_\_\_ Policy No.: \_\_\_\_\_

Insured Vehicle: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Engine No./VIN: \_\_\_\_\_

Was Vehicle Towed? \_\_\_\_\_ Vehicle Location: \_\_\_\_\_

Date and Time of Accident: \_\_\_\_\_ Location: \_\_\_\_\_

Street Name and Direction You Were Traveling? \_\_\_\_\_

What Lane? \_\_\_\_\_ Your Speed: \_\_\_\_\_ Speed Limit: \_\_\_\_\_

Weather Conditions: ( ) Clear ( ) Cloudy ( ) Rainy ( ) Storm ( ) Typhoon ( ) Other: \_\_\_\_\_

Road Surface: ( ) Asphalt ( ) Concrete ( ) Dirt/Sand ( ) Gravel Road Condition: ( ) Dry ( ) Wet ( ) Muddy

Did Police Investigate? \_\_\_\_\_ Any Citations Issued? \_\_\_\_\_ If "Yes", Who Was Cited? \_\_\_\_\_

Your Description of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### PERSONAL INJURIES:

Name

Injury

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

ADVERSE PARTY: Owner's Name \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_ Color \_\_\_\_\_

License Plate No. \_\_\_\_\_ Type of Damage \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_

#### WITNESSES:

Name

Address/Phone No(s).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**IMPORTANT:** If the facts were such that you would be held solely negligent and therefore liable for the damage, we should pay it. If you were not solely negligent and if the accident was partly due to the negligence of the other party, you would not have to pay it, and the Company should not have to pay on your behalf.

In my opinion, I ( ) AM ( ) AM NOT properly liable for the damage.

I hereby certify that the foregoing is correct to the best of my knowledge and behalf.

\_\_\_\_\_  
Named Insured's Signature

\_\_\_\_\_  
Driver's Signature

Date Reported: \_\_\_\_\_

**\* PLEASE ILLUSTRATE POSITION OF VEHICLES, AT TIME OF COLLISION, ON THE BACK SIDE OF THIS FORM. \***

**KEY: LABEL STREET, SHOW TRAFFIC CONTROLS, SHOW VEHICLES (INDICATE YOUR VEHICLE NO. 1, OTHER VEHICLE #2), AND INDICATE DIRECTIONS TRAVELING.**