

IN CASE OF A TRAFFIC ACCIDENT:

If you've ever been involved in an auto accident—maybe even a fender-bender—you know how hard it is to remember all of the information you're supposed to get from the other driver. Especially if you're a little shaken up.

That's where this convenient brochure comes in. Keep it in your glove compartment because it could come in handy. All you have to do is fill in the information you need to complete your accident report and file your insurance claim.

And, remember to report your claim immediately by calling 1-800-628-0250.

We will advise your agent of your call.

GET THE DETAILS.

Date _____

Time _____ A.M. P.M.

Location _____

City _____ State _____

Streets _____

Speed: Other vehicle _____ m.p.h.

Your vehicle _____ m.p.h.

Citizens Insurance and The Hanover Insurance Company sell a wide range of products through independent agents.

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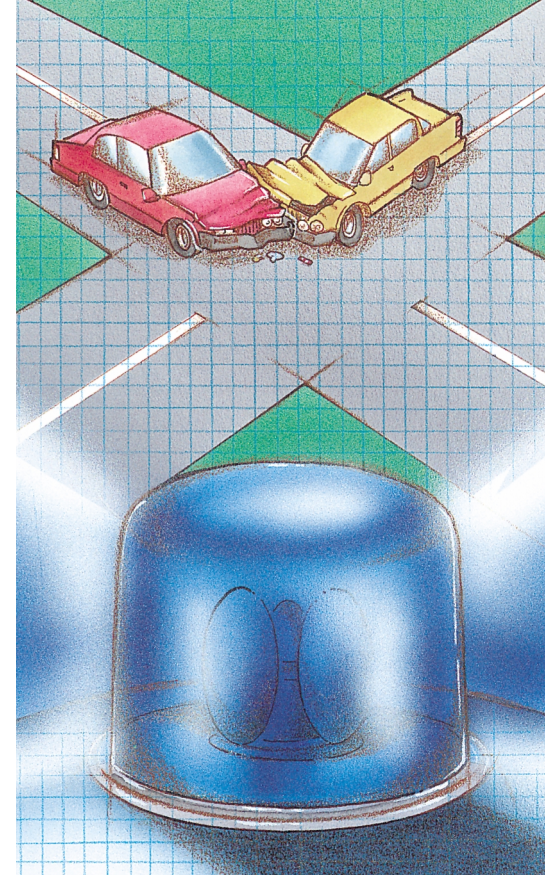
**CITIZENS INSURANCE
HANOVER INSURANCE**

440 Lincoln Street, Worcester, Massachusetts 01653

111-0906 (6/03)

IN CASE OF AN ACCIDENT.

Please keep this in the glove compartment of your vehicle in case of a traffic accident.



**CITIZENS INSURANCE
HANOVER INSURANCE**

GET NAMES & LICENSE NUMBERS.

YOUR VEHICLE IS CONSIDERED VEHICLE NO. 1 IN ALL ACCIDENT REPORTS.

OTHER VEHICLE (NO. 2):

Driver _____
Address _____
Age ____ Sex ____ Driver's lic. no. _____
Make and year of car _____
Car lic. no. _____ Year ____ State _____
Owner of car _____
Address _____
Insurance co. _____
Policy number _____
Insurance agent _____
Driver insured? ____ Taken to _____

OTHER VEHICLE (NO. 3):

Driver _____
Address _____
Age ____ Sex ____ Driver's lic. no. _____
Make and year of car _____
Car lic. no. _____ Year ____ State _____
Owner of car _____
Address _____
Insurance co. _____
Policy number _____
Insurance agent _____
Driver insured? ____ Taken to _____

GET NAMES OF ALL OCCUPANTS.

Name _____
Address _____
Which car? _____ Observably injured? _____
Taken to _____
Name _____
Address _____
Which car? _____ Observably injured? _____
Taken to _____
Name _____
Address _____
Which car? _____ Observably injured? _____
Taken to _____
Name _____
Address _____
Which car? _____ Observably injured? _____
Taken to _____
Name _____
Address _____
Which car? _____ Observably injured? _____
Taken to _____

GET NAMES OF WITNESSES.

Name _____
Address _____
City _____ State ____ Zip _____
Phone _____
Name _____
Address _____
City _____ State ____ Zip _____
Phone _____
Name _____
Address _____
City _____ State ____ Zip _____
Phone _____
Name _____
Address _____
City _____ State ____ Zip _____
Phone _____
Police officer _____
Badge no. _____ Station _____