

# Accident Report Form 交通事故报告

Date 日期 \_\_\_\_\_ Time 时间 \_\_\_\_\_

Location 地点 \_\_\_\_\_ City State 城市 \_\_\_\_\_

## Vehicle information from other Driver 对方资料

Driver Name 对方驾驶者姓名 \_\_\_\_\_ Phone Number 电话号码 \_\_\_\_\_

Address 地址 \_\_\_\_\_

Driver License number 驾驶证号码 \_\_\_\_\_ Date of Birth 生日 \_\_\_\_\_

Year Make Model of Vehicle 车子年份型号 \_\_\_\_\_ color 颜色 \_\_\_\_\_

License Plate Number 车牌号码 \_\_\_\_\_ Vehicle Owner 车主 姓名 \_\_\_\_\_

Owner Name address \_\_\_\_\_ owner phone No. \_\_\_\_\_

Insurance and Policy No 对方保险公司名称和保单号码 \_\_\_\_\_

Damage to car \_\_\_\_\_

Passenger/乘客 \_\_\_\_\_

Any Injury 是否受伤 \_\_\_\_\_

Other party claim #对方理赔号码 \_\_\_\_\_

Adjustor Name 对方理赔员姓名 \_\_\_\_\_

## Your Vehicle information 我方资料

Owner of Car 车主姓名 \_\_\_\_\_ Owner Phone No. \_\_\_\_\_

Owner Address 车主地址 \_\_\_\_\_

Owner Language \_\_\_\_\_ Best date and time to contact Owner \_\_\_\_\_

Year Make Model 车子年份型号 \_\_\_\_\_ Color 颜色 \_\_\_\_\_

License Plate No. 车牌号 \_\_\_\_\_ Driver DLN 驾驶人驾照号 \_\_\_\_\_

Driver of Car 驾驶者姓名 \_\_\_\_\_ Phone Number \_\_\_\_\_

Driver Add 驾驶人地址 \_\_\_\_\_

Best Time to contact Driver \_\_\_\_\_ Driver language 语言 \_\_\_\_\_

Insurance and Policy No 我方保险公司名称和保单号码 \_\_\_\_\_

Damage to Car \_\_\_\_\_

Any Injury 是否受伤 \_\_\_\_\_

Passenger/乘客 \_\_\_\_\_

Our claim#我方理赔号码 \_\_\_\_\_

Adjustor Name 理赔员姓名 \_\_\_\_\_

**Vehicle information from other Driver 对方资料**

Driver Name 对方驾驶者姓名 \_\_\_\_\_ Phone Number 电话号码 \_\_\_\_\_

Address 地址 \_\_\_\_\_

Driver License number 驾驶证号码 \_\_\_\_\_ Date of Birth 生日 \_\_\_\_\_ color 颜色 \_\_\_\_\_

Year Make Model of Vehicle 车子年份型号 \_\_\_\_\_ 车主姓名 \_\_\_\_\_

Owner Add 车主地址 \_\_\_\_\_ Owner Ph No. \_\_\_\_\_

License Plate Number 车牌号码 \_\_\_\_\_ Damage to car \_\_\_\_\_

Insurance and Policy No. 对方保险公司名称和保单号码 \_\_\_\_\_

Passenger/乘客 \_\_\_\_\_

Any Injury 是否受伤 \_\_\_\_\_

Other party claim #对方理赔号码 \_\_\_\_\_

Adjustor Name 对方理赔员姓名 \_\_\_\_\_

**Injured Persons 事故中受伤者资料**

Name 姓名 \_\_\_\_\_

Phone Number 电话 \_\_\_\_\_

Description of Injury 受伤情况 \_\_\_\_\_

Witness 目击证人姓名 \_\_\_\_\_

Phone number 电话 \_\_\_\_\_

Policy officer Name 警察姓名 \_\_\_\_\_ Badge No. \_\_\_\_\_ Case#/report#警察报告代码 \_\_\_\_\_

What happen 事发经过 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_