



PERSONAL CLAIMS SERVICE

## What to Do if You Have an Auto Accident

*To report an auto claim, call The Hartford Customer Care Team at 1-800-243-5860.*

### **THE HARTFORD'S CUSTOMER REPAIR SERVICE PROGRAM**

THE HARTFORD OFFERS YOU HAVE THE OPTION OF USING OUR APPROVED AUTO REPAIR SHOP NETWORK. THESE SHOPS MEET THE HARTFORD'S HIGH SERVICE STANDARDS AND THE HARTFORD GUARANTEES THEIR WORKMANSHIP ON COVERED REPAIRS FOR AS LONG AS YOU OWN THE VEHICLE.

### **AUTO GLASS REPAIR SERVICE**

THE HARTFORD GIVES YOU ACCESS TO A NETWORK OF AUTO GLASS REPAIR SHOPS WITH ONE SIMPLE PHONE CALL AND NO PAPERWORK. MOBILE SERVICE IS AVAILABLE IN MANY STATES AND WE WAIVE THE DEDUCTIBLE WHEN GLASS IS REPAIRED VS. REPLACED. FOR GLASS ONLY CLAIMS, CALL 1-800-892-8484.

An auto accident can be a traumatic experience. Surprised and stuck in traffic—your car damaged, your heart racing—it can be hard to know what to do. That's why The Hartford has created this glove-box guide to help you handle the situation safely and insurance-wisely.

- Don't leave the scene of the accident.
- Take steps to prevent further accidents and/or injury – park safely, turn on emergency flashers.
- Check to see if anyone is injured.
- Call the police or ask someone to call for you.
- Give the other driver(s) your name, your insurance company name and phone number, the vehicle's license plate number and your operator's license number.
- Obtain as much information as possible about other parties involved.
- Discuss the specifics of the accident only with the police.
- If you have a camera, please take photos of the accident scene and vehicles if it is safe to do so.
- Call our 24-hour toll-free hotline at 1-800-243-5860 immediately.
- Consider asking the Customer Care Representative if your claim qualifies for our Customer Repair Service Program or for the closest Hartford-approved repair shop.

*Features and benefits subject to change.*



**Call The Hartford with the Following Info at  
1-800-243-5860:**

Date \_\_\_\_\_ Time \_\_\_\_\_ AM  
PM

**DRIVERS & VEHICLES:**

**Your Vehicle**

Driver: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Driver License No: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Cellular Telephone No: \_\_\_\_\_

Email address: \_\_\_\_\_

Make of vehicle: \_\_\_\_\_ Yr \_\_\_\_\_

Model: \_\_\_\_\_

Vehicle owner: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Daytime Telephone No: \_\_\_\_\_

Email address: \_\_\_\_\_

Passenger(s): \_\_\_\_\_  
\_\_\_\_\_

**Other vehicle**

Driver name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Driver License No: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Cellular Telephone No: \_\_\_\_\_

Email address: \_\_\_\_\_

Make of vehicle: \_\_\_\_\_ Yr \_\_\_\_\_

Model: \_\_\_\_\_

License Plate No: \_\_\_\_\_ ST \_\_\_\_\_

Vehicle owner (if different than driver): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Daytime Telephone No: \_\_\_\_\_

Email address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Passenger(s): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Daytime Telephone No: \_\_\_\_\_

Cellular Telephone No: \_\_\_\_\_

Passenger(s): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Daytime Telephone No: \_\_\_\_\_

Cellular Telephone No: \_\_\_\_\_

**LOCATION & DESCRIPTION OF ACCIDENT:**

Street \_\_\_\_\_ Intersecting with \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Light Conditions (Check one):  Daylight  Dusk

Dawn  Dark

Weather:  Rain  Snow

Clear  Fog

Road Surface:  Dry  Wet

Snow  Ice

Highway:  Divided  Undivided

Number of Lanes: \_\_\_\_\_

Posted speed limit: \_\_\_\_\_

Your speed: \_\_\_\_\_

Other vehicle speed: \_\_\_\_\_

Location of Damage to your vehicle: \_\_\_\_\_

Towed?  Yes  No Location: \_\_\_\_\_

Location of Damage to other vehicle: \_\_\_\_\_

Towed?  Yes  No Location: \_\_\_\_\_

Description of accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Police Department:** \_\_\_\_\_

Investigating Officer: \_\_\_\_\_

Badge No: \_\_\_\_\_ Report number: \_\_\_\_\_

Citations: \_\_\_\_\_

**Witnesses:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Daytime Telephone No: \_\_\_\_\_

Cellular Telephone No: \_\_\_\_\_

**Persons Injured:**

Driver of your vehicle:  Yes  No

Passenger(s) in your vehicle:  Yes  No

Driver of other vehicle:  Yes  No

Passenger(s) in other vehicle:  Yes  No

