



PERSONAL CLAIM

What to Do if You Have an Accident

- Don't leave the scene of the accident.
- Take steps to prevent further accidents – park safely, turn on emergency flashers.
- Call the police or ask someone to call for you.
- Give the other driver(s) your name, insurance company 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.
- Be sure to ask the claim specialist if your claim qualifies for our Customer Repair Service Program or for the closest authorized repair shop.

If you have a glass only loss, please call 1-800-892-8484 to report your claim.



Automobile Customer Repair Service Program

Best Outcomes For Your Business

The Hartford's Automobile Customer Repair Service Program (A-CRSP) guarantees quality, timely and hassle-free repair of your vehicle. The Hartford has developed a network of reputable, reliable auto body shops throughout the country.*

Customers can count on quality service when they elect to bring damaged cars to any of these pre-selected shops. This customer-focused automobile repair service offers the following advantages:

Customer Convenience When the Accident is Reported

- In most cases, no waiting for an appraiser to review damages.
- No additional repair quotes required.
- Immediate authorized repair shop referral.

Authorized Repair Facilities Meet Stringent Requirements

- Continually monitored by a team of staff reinspectors.
- Strict compliance with The Hartford's "Best Practices" high standards.

Guaranteed Workmanship Countrywide for as Long as You Own the Vehicle

**Offered in all states except Massachusetts.*



**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

