

## Automobile, No Fault or Liability Insurance Information

Patient Name:	Acct #
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**Type of Accident (not work related):**

Automobile

Other

**Please explain how accident occurred:**

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**Date of Accident:** \_\_\_/\_\_\_/\_\_\_

**Address Where Accident Occurred:** \_\_\_\_\_

**Were Police Notified:** \_\_\_ **If yes, name police locality:** \_\_\_\_\_

**Name of Liable Party:** \_\_\_\_\_

**Policy Holder's Information:**

<b>Name:</b>	
<b>Address:</b>	
<b>Insurance Policy Name:</b>	
<b>Insurance Policy Address:</b>	
<b>Insurance Policy Claim Number:</b>	

**Name of Legal Representative:** \_\_\_\_\_ (p.) \_\_\_\_\_