



Take These Steps



Report Your Accident

- 1. Call 911** and report the accident. Your response after an accident can help save lives and speed rescue personnel.
 - Don't try to move an injured person unless there is a vehicle fire or other immediate risk.
 - Covering an injured person with a blanket can help prevent shock.
- 2. Move your vehicle** to a safe location if possible.
- 3. Do not admit fault.** Only give out information required by the authorities, and do not sign any statement except from an authorized Central representative.
- 4. Record the facts** accurately by completing this brochure. This includes recording the names, contact information, and insurance information of the other drivers, and contact information of any witnesses.
- 5. Take notes and photos** of any property damage caused by the accident.
- 6. Contact your insurance agent** to report the claim.

Online via the myCentral® website or mobile app. Log in or create an account at central-insurance.com.

By phone at 888-263-2924.

E-mail claims to lossnotices@central-insurance.com.

Contact Your Agent

Agent: _____

Phone Number: _____

Just have a broken windshield?

For fast, convenient glass service, call Central's glass network to report an auto glass claim at 800-988-9808.

Roadside Assistance

Central Personal Auto policyholders have access to 24/7 Roadside Assistance by calling 888-263-2934.



CENTRAL
INSURANCE



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What to Do in Case of an ACCIDENT





Record the Facts

Accident Details

When _____ at _____ am pm

Where _____

Weather Conditions: Clear Rain Snow Fog Sleet Other _____

Road Conditions: Dry Wet Icy Under Construction Other _____

Responding Police Department _____ Officer Name _____

Describe the accident _____

Towing Company _____ Phone _____

Other Vehicle

Year _____ Make _____ Model _____

License Plate # _____ Color _____ # of Passengers _____

Vehicle's Owner _____ Damage _____

Other Driver

First Name _____ Last Name _____

Address _____ City, State, Zip _____

Phone: Home _____ Business _____ Cell _____

Drivers License# _____ Insurance Company _____ Policy# _____

Agent Name _____ Phone _____

Witness #1

First Name _____ Last Name _____

Address _____ City, State, Zip _____

Phone: Home _____ Business _____ Cell _____

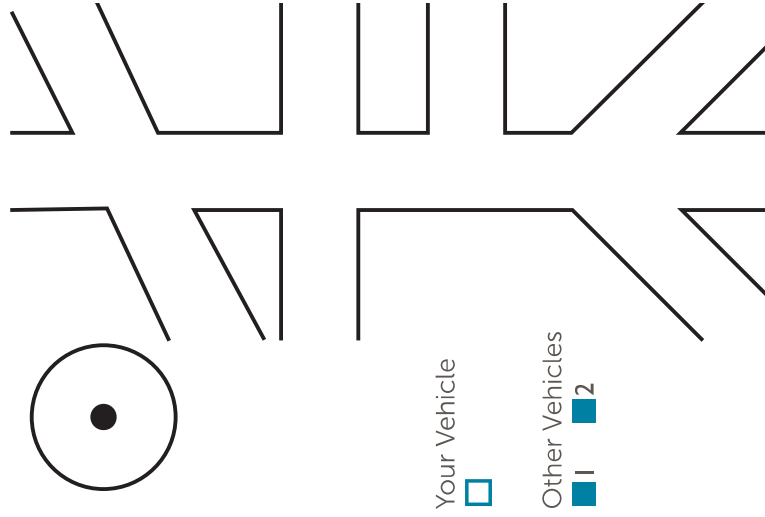
Witness #2

First Name _____ Last Name _____

Address _____ City, State, Zip _____

Phone: Home _____ Business _____ Cell _____

Street Diagram



Your Vehicle

Other Vehicles 1 2

Vehicle Damage

