

CHUNG KUO INSURANCE COMPANY, LIMITED

**GREAT NATIONAL
INSURANCE UNDERWRITERS, INC.**
HOSPITAL ROAD, TAMUNING

P.O. BOX 567
AGANA, GUAM 96910
PHONE: 646-5736/43

AUTOMOBILE ACCIDENT REPORT

REPORT ALL ACCIDENTS OR LOSSES IMMEDIATELY. Telegraph the Company Collect if anyone is Seriously Hurt, followed by mail report.

Policy No.....
Period.....
Comp.....Ded.....
Coll.....Ded.....
Med.....
PLPD.....
CLAIM NO.....

1. POLICYHOLDER AND DRIVER

Policy Holder Occupation Armed Forces Serial No.
Home Address Phone:
Business Address Phone:
Driver's Name Address Phone:
Driver's License No. Years of Driving Experience Driver's Age:
Date Issued Will Expire Who authorized him to drive?
Name occupants of Policyholder's car

2. POLICYHOLDER'S AUTOMOBILE

Year Model Make Body Type
License No. Motor No. Serial No.
Name of Holder of Mortgage, if any

3. DATE AND PLACE

Date of Accident 20 Hour A.M. P.M.
Where did accident occur? City State
Purpose for which car being used Car now at
Was accident reported to our attorney or adjuster? If so, indicate firm

4. WITNESS / THIS IS IMPORTANT /

The names and address of all witnesses, bystanders or people in the immediate vicinity, who may have been seen the accident or heard any statement made, should be secured:

Give below Street No. City and State

Name Name
Address Address
Name Name
Address Address

5. THE ACCIDENT GIVE COMPLETE DETAILS

Direction my automobile was going
What side of street? How fast? Speed Limit
Were your headlights on? Signals? Condition of Street
If object collided with was moving in what direction was it going?
How fast? What side of street? Any signals given?
If an automobile, were lights on? Was either driver violating traffic regulation?
Were traffic controls present? If so, indicate where and type on diagram below
Was accident investigated by police? Was Car towed?
was anyone charged? Who?

OVER

6. DAMAGE TO PROPERTY OF OTHERS (NOT YOUR CAR)

Name and address of owner of damaged auto or other property.....

Name of the party's insurance carrier.....

Year..... Make of automobile..... Body Type..... Model.....

Give the nature and exhibit of damage to auto or other property.....

Estimated Repair Cost \$.....

Name of driver of other car..... Address.....

Driver's License No..... State License No..... Age of Driver.....

Address.....

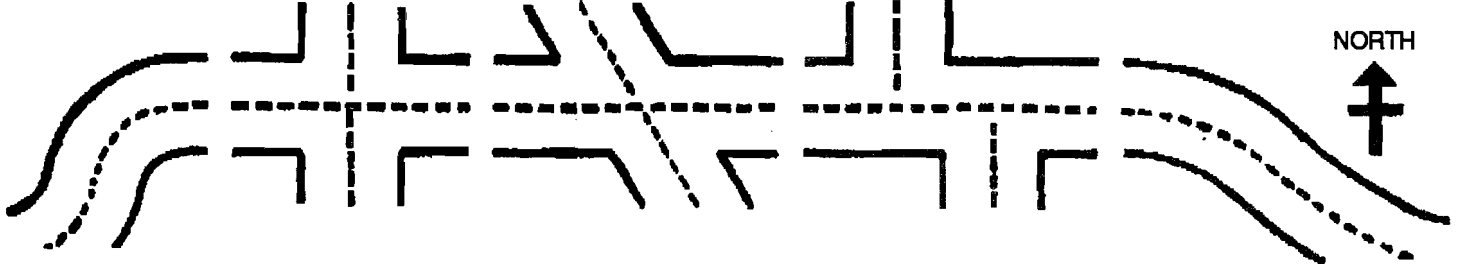
Address.....

Where can investigator see other car?.....

7. State Full Details of how Accident happened:.....

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Use diagram below to show and position of all automobiles, vehicles, injured persons, stop signs and other objects. Use → to show direction of moving objects. Give Names of Streets, Mark X where collision occurred.



8. PERSONAL INJURIES

Injured's Name	Addresses (Business & Home)	Injuries
1.....
2.....
3.....
4.....

Name and address of Doctor called.....

Where was injured person taken?.....

Where was injured person at time of accident?.....

What statement was made by injured person?.....

Do you anticipate claim being made against you?.....

IMPORTANT: Is claim being made against you?..... Are you making claim against other party?.....

If the facts were such that you would be held solely negligent and therefore liable for the damage, we should pay it. If you were not solely negligent and if the accident was partly due to the negligence of the other party, you would not have to pay, and the Company should not pay on your behalf. Please give us as impartial an opinion as possible on this point. In my opinion, I { am } property liable for the damage. { am not }

9. CERTIFICATE

I certify that the foregoing is correct to the best of my knowledge and belief.

Date of this report..... Policyholder's Signature.....