

IN THE EVENT OF AN ACCIDENT:

DO

- Report the accident directly to RISCOCOM immediately, not tomorrow or the next day
- Notify the authorities to make a police report
- Gather as much information from the other driver as possible (name, address, cell phone)
- **Get the license plate number of the other vehicle** and/or name of the towing company
- Take photographs when possible
- Obtain witness information

DON'T

- Wait on the police report to notify us
- Try to settle it yourself
- Discuss liability
- Become combative at the scene; remain courteous

How do I report an accident?

Email: claims@riscomins.com

Phone: (866) 265-1557

Internet: www.riscomins.com

Text Photos: (318) 286-8705

After Hours:

Lori Lindsey (318) 286-8705

Lynda McCallon (318) 426-4058

Why should I report an accident where I am not at fault?

There are two sides to every story. Immediately reporting losses even when you think you are not at fault, or fault is in question, allows us to:

- Collect and preserve evidence from the accident scene to support our defense
- Locate witnesses before they disappear and/or forget what they saw
- Obtain video from nearby businesses before it tapes over

Without a proper investigation, events can be manipulated to tell a different story. Evidence tells the right story and allows us to protect you.

RISCOCOM reminds you to...
Every Accident
Every Time
Every Second Counts

REPORT

(866) 265-1557
www.riscomins.com



VEHICLE INSURANCE KIT

Office: 318.698.6600

Toll Free: 866.265.1557

Fax: 318.698.6699

Email: claims@riscomins.com

www.riscomins.com

ACCIDENT INFORMATION

Information of Other Driver:

Name _____

Address _____

Contact # _____

Vehicle(s) License Plate # _____

Passenger(s) (Name, Phone & Address)

WITNESS INFORMATION

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone # _____

Office Phone # _____

EXONERATION

I hereby exonerate and free

(Driver)

their employer, and their employer's insurance carriers, from all negligence or blame in connection with an accident involving the undersigned which occurred at _____ AM _____ PM

(Time)

on _____.

(Date)

Location _____

Name _____

Address _____

Signature _____

Date _____

Witnessed by _____

Signature _____

Date _____