

Reporting instructions



Zurich is committed to delivering fast, fair and accurate claim service. Delivering when it matters is our most important promise to our valued customers. Reporting detailed loss information to Zurich quickly will enable us to provide the best service.

At the time of an auto accident or loss, please collect as much information as possible as outlined on this claim form. Then, report the claim to our Customer Care Center immediately, or as soon as practical.

You can report your claim to Zurich via any of the following channels:

- **(Preferred method) Call our Care Center** at **800-987-3373**, available 24/7.
- On-line at **Zurichna.com**, click *Claims*, then *ZNA On-line Claims*, then *Automobile*.
- **Fax: 877-962-2567**
- **Mail** this completed form to:
Colorado Springs Care Center
P.O. Box 968017
Schaumburg, Illinois 60196
- **Email:** USZ_CareCenter@Zurichna.com

Zurich

This pamphlet is provided for informational purposes only. Please consult with qualified legal counsel to address your particular circumstances and needs. Zurich is not providing legal advice and assumes no liability concerning the information set forth above.

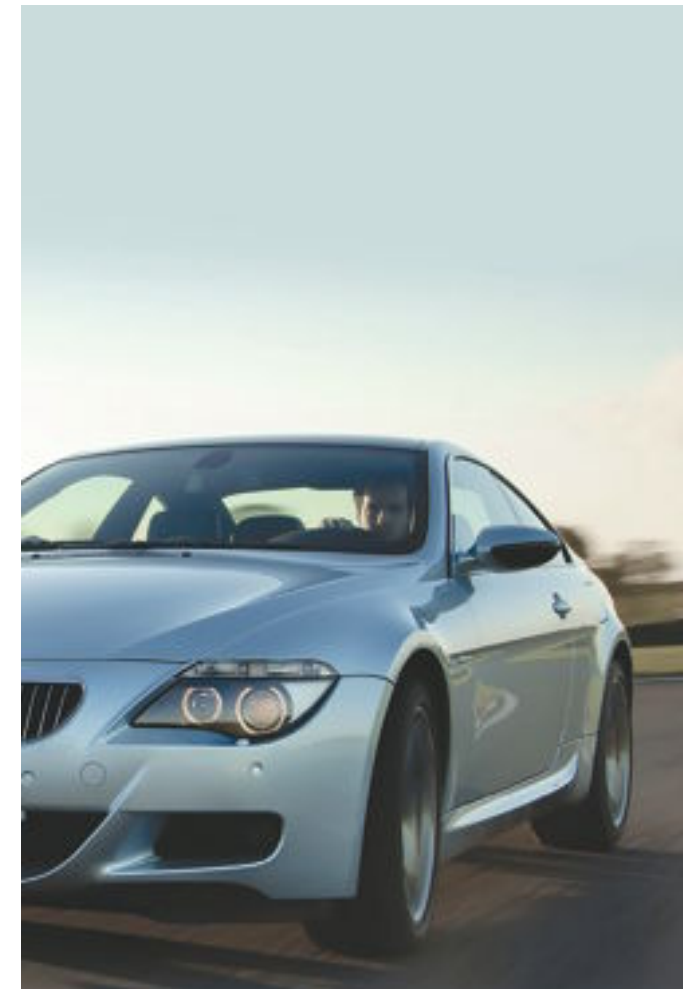
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Keep this pamphlet
in your vehicle



Accident Assistance Guide



Policy holder information

Company name _____

Policy number _____

Contact name _____

Email address _____

Address _____

Phone number _____

Accident description

Date _____ Time _____

Street _____

City _____ State _____

Loss description _____

Details of loss description: _____

Insured vehicle information

Driver's name _____

Driver's address _____

Driver's email address _____

Driver's phone number _____

Make _____ Model _____

Color _____ Year _____

Vehicle identification # _____

License plate # _____

Drivable or non-driveable _____

Current location _____

Damage description: _____

Other vehicle information

(or property description if not a vehicle):

Driver's name _____

Driver's address _____

Driver's email address _____

Driver's phone number _____

Make _____ Model _____

Color _____ Year _____

Vehicle identification # _____

License plate # _____

Drivable or non-driveable _____

Current location _____

Damage description: _____

Other vehicle information (Vehicle #3):

Driver's name _____

Driver's address _____

Driver's email address _____

Driver's phone number _____

Make _____ Model _____

Color _____ Year _____

Vehicle identification # _____

License plate # _____

Drivable or non-driveable _____

Current location _____

Damage description: _____

Pedestrian Information

Name _____

Address _____

Email address _____

Phone number _____

Injury description: _____

Witnesses

Name _____

Address _____

Email address _____

Phone number _____

Other details: _____

Witnesses

Name _____

Address _____

Email address _____

Phone number _____

Other details: _____

Police report

Police department that responded _____

Report number _____