

## Auto Accident Form

Patient Name \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Best Phone Number \_\_\_\_\_

Your Auto Insurance Carrier \_\_\_\_\_

### USING THE PHONE # FROM YOUR INS. CARD, CALL AND ASK THE REP ALL OF THESE QUESTIONS

CLAIM NUMBER \_\_\_\_\_

CLAIMS ADDRESS \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_

ADJUSTER NAME \_\_\_\_\_

ADJUSTER PHONE \_\_\_\_\_

#### ASK "WHAT COMPANY HANDLES PRE-CERTIFICATIONS?"

PRE-CERT COMPANY \_\_\_\_\_

PRE-CERT ADDRESS \_\_\_\_\_

PRE-CERT FAX \_\_\_\_\_

#### ASK "IS AUTO INSURANCE SET AS PRIMARY PAYOR FOR PIP MEDICAL CLAIMS?"

- YES, AUTO INSURANCE THE PRIMARY PAYOR FOR AUTO MEDICAL CLAIMS  
 NO, MY MEDICAL INSURANCE IS THE PRIMARY PAYOR FOR AUTO MEDICAL CLAIMS

#### ASK "IS THERE A DEDUCTIBLE FOR MY PIP MEDICAL CLAIMS?"

- No Deductible     Yes Deductible, Amount of \$ \_\_\_\_\_

#### ASK "IS THERE A CO-PAYMENT/CO-INSURANCE FOR MY MEDICAL CLAIMS?"

Co-pay/Co-insurance Amount of \$ \_\_\_\_\_

#### ASK "ARE THERE ANY POLICY LIMITS?"

- No Policy Limits     Yes Policy Limits, Amount of \$ \_\_\_\_\_

#### ASK "CAN YOU EMAIL ME A COPY OF MY AUTO DECLARATIONS PAGE?"

(After the call, you will forward this E-mail to [contact@NJnerve.com](mailto:contact@NJnerve.com))

#### ASK, "CAN I PLEASE HAVE YOUR NAME AND A REFERENCE NUMBER?"

Name \_\_\_\_\_

Reference # \_\_\_\_\_

## Accident Information

I was the  Driver  Front Passenger  Rear Passenger

What did the vehicle strike? \_\_\_\_\_

Were you wearing a seatbelt?  Yes  No  Unsure

Did the airbags inflate?  Yes  No  Unsure

Did you lose consciousness?  Yes  No  Unsure

If so, how long \_\_\_\_\_

Did police arrive to the scene?  Yes  No  Unsure

Did you leave by ambulance?  Yes  No

Did you go to the hospital?  Yes  No

Have you been to work yet?  Yes  No

Are your work activities restricted?  Yes  No

Do you have an attorney?  Yes  No

Attorney Name \_\_\_\_\_

Attorney Number \_\_\_\_\_

Since accident, you have seen a:  Medical Doctor  Chiropractor  Physical Therapist

Approximate Speed of Your Vehicle \_\_\_\_\_ mph

Approximate Speed of Other Vehicle \_\_\_\_\_ mph

Impact to your vehicle came from:  Front  Rear  Left Side  Right Side

**Draw out the accident and add any details, symbols, arrows, etc.**

The drawing area consists of a large rectangle divided into four quadrants by a horizontal and a vertical line. In the top-right quadrant, there is a diagonal line extending from the bottom-left corner towards the top-right corner. This diagonal line is broken in the middle, with a gap between two parallel segments. This layout is typically used to draw the positions and movement of vehicles involved in an accident.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_