

If you have had an accident, please complete the information below:

**Your Information:**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_

Your Vehicle Involved: – Year, Make, Model: involved: \_\_\_\_\_

Color of your Car? \_\_\_\_\_

Damaged area your car? \_\_\_\_\_

**Other Driver Information:**

Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Year, Make, Model of other car: \_\_\_\_\_

**Accident Information:**

What day did this accident happen? \_\_\_\_\_

What Time did this accident happen? \_\_\_\_\_

What street did this happen on? \_\_\_\_\_

Was there a cross street? \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

What Police or Sherriff's Department responded: \_\_\_\_\_

Police Report #: \_\_\_\_\_

Citations Issued: To who? \_\_\_\_\_

What was citation for? \_\_\_\_\_

Who was at fault for this accident? \_\_\_\_\_

What happened? \_\_\_\_\_

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**Injuries:**

Was anyone injured? \_\_\_\_\_

If yes, what injuries were sustained? \_\_\_\_\_

Once you click Submit, this information is being submitted to Diamond Specialty's claim department.  
Please expect a call within 24-48 hours.

Should you not receive that call, please call us at 1-888-278-8121.