

**Taylor & Taylor Associates, Inc.
Taylor & Taylor, Ltd.
16 E. 40th Street
New York, New York 10016
Tel (212) 490-8511
Fax (212) 490-0370**

AUTO ACCIDENT FIRST REPORT FORM

Name of insured _____

Address of insured _____

Telephone number of insured _____

Person to contact for insured _____

Date of accident _____

Location of accident _____

Police information _____

Description of accident _____

Injuries, if any _____

Insured vehicle - year, make, plate no. _____

Insured driver _____

Insured vehicle damage _____

Where insured vehicle can be seen _____

Other vehicle - year, make, plate no. _____

Other vehicle - owner's name, address, telephone no. _____

Other vehicle damage _____

Please fax the completed form to our claims department at 212-490-0370