

## Automobile Claims

In the event of an accident:

- **First, stay calm.** Accidents happen quickly and can be upsetting. Stay calm, and don't argue with others involved in the accident.
- **Prevent additional accidents.** Warn oncoming traffic with a light, flag or similar device.
- **Help the injured.** Do not render first aid unless you are qualified. Call an ambulance if anyone is injured.
- **Call the police.** Don't discuss what happened with anyone except the police.
- **File a report.** In the event that the police are unable to respond to your call, you'll need to go to the nearest police station and file an accident report.
- **Fill out the attached Accident Information form** before leaving the scene of the accident.
- **Alert Marshall & Sterling Upstate, Inc. .** Call us at 800-724-0695 to report the accident. To expedite the call, make sure you have the information on this form completed.

## Claim Specialist

**Michelle Conway**

mconway@marshallsterling.com

Tel: 518-943-3900 ext.1062

Fax:518-943-7440

## After Hours Call Center

M&S EMERGENCY CALL CENTER:

Tel. 866-895-1212

In the event of a severe claim or emergency, our call center is available 24/7

### Provided By:

**Marshall & Sterling Upstate, Inc.**

300 Route 23B,

Leeds, NY 12451

125 High Rock Ave.,

Saratoga Springs, NY 12866

Tel: 800-724-0695

Fax: 518-943-7440

[www.marshallsterling.com/leeds](http://www.marshallsterling.com/leeds)

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## Auto Accident Record

Keep this in your auto glove box to help you remain organized and focused on what to do in the event of an auto accident.



**Marshall  
& Sterling**

**INSURANCE**

LEEDS ♦ SARATOGA SPRINGS

[www.marshallsterling.com/leeds](http://www.marshallsterling.com/leeds)

## Accident Information

Date:
Time AM/PM:
Location:
Weather Conditions:
Police report number:

## Your Vehicle (Vehicle #1)

Make/Model:
License Plate # / State:
Your Injuries:

## Other Vehicle (Vehicle #2)

Make/Model:
License Plate # / State:
Driver's Name:
Address:
Driver's License #:
Phone:
Injuries:
Insurance Provider:
Policy #:

## Other Persons (Passengers and Pedestrians)

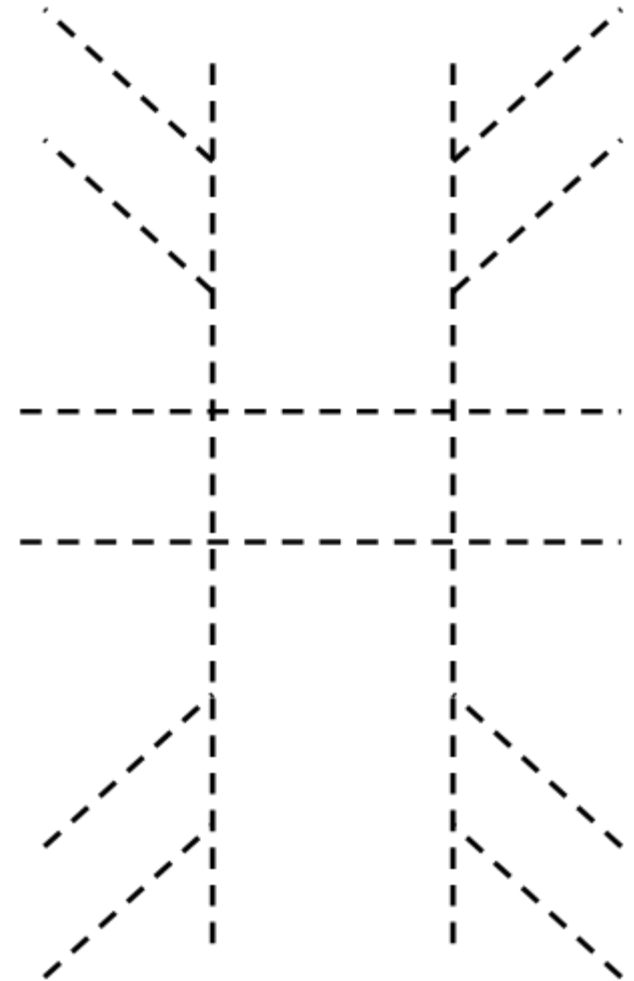
#1. Name:
Age:
Address:
City, State:
Zip:
Phone:
#2. Name:
Age:
Address:
City, State:
Zip:
Phone:

## Witnesses

Name:
Address:
City, State:
Zip:
Phone:
Name:
Age:
Address:
City, State:
Zip:
Phone:

## Diagram of the Accident Scene


Show the position of all vehicles, pedestrians, etc., using the symbols below.



1. Your vehicle

 Pedestrians

2. Other vehicles, numbered  
successively

 Traffic signals