**Personal Injury Insurance Information**

Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Accident Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attorney Information**

Name: Phone:

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

**Auto Insurance Information Other Party's Insurance Information**

Company Company

Policy #: Policy #:

Claim #: Claim #:

Phone #: Phone #:

Fax #: Fax #: \_\_\_\_\_\_\_\_

Adjuster: Adjuster:

Address Address

(For Office Use Only - Questions to Ask Attorney)

1. Does Liability look questionable? Yes  No 

2. Is the insurance policy active and will cover this accident? Yes  No 

3. Was a police report filed? Yes  No 

4. Were there any witnesses? Yes  No 

5. Amount of property damaged

6. Were there other people in the car? Yes  No  How Many?\_\_\_\_\_

7Is thereMed-Pay? Yes  No  What amount?

Limits?

Med-Pay Verified Date Spoke to

\_\_\_\_\_\_Initial