



**EXCHANGE OF INFORMATION FORM**  
**COMPLETE AND GIVE TO OTHER PARTIES INVOLVED IN THE ACCIDENT**

POLICYHOLDER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_

INSURANCE AGENT \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

INS CO PHONE # \_\_\_\_\_

POLICY # \_\_\_\_\_

**WITNESS CARD**

DATE AND TIME OF ACCIDENT \_\_\_\_\_

DID YOU SEE THE ACCIDENT? \_\_\_\_\_

DID ANYONE APPEAR INJURED? \_\_\_\_\_

WERE YOU A PASSENGER? \_\_\_\_\_

WHERE WERE YOU AT TIME OF ACCIDENT? \_\_\_\_\_

HOW DID THE ACCIDENT HAPPEN? \_\_\_\_\_

\_\_\_\_\_

YOUR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_

WHAT WAS YOUR DESTINATION? \_\_\_\_\_

WHERE DID YOU DEPART FROM? \_\_\_\_\_

**PLEASE COMPLETE THIS CARD AND RETURN IT TO DRIVER - THANK YOU.**

USE REVERSE SIDE IF NECESSARY.