

## About Insurance

- ◆ Review your insurance coverage. We recommend carrying Med Pay and UIM coverage to protect yourself.
- ◆ Remember that the role of all insurance companies, even your own, is to take in as much as possible in premiums, but pay out as little as possible in claims.
- ◆ Cooperate with your insurance company while remembering their adverse interest.
- ◆ Report the accident to all drivers' carriers. There are often many types of coverage available to pay for your losses.
- ◆ If the at-fault driver is not insured, or the accident is very serious, open a UIM claim with your own insurance company, if coverage is available.
- ◆ Do not give a recorded statement to the other driver's insurance company or sign any documents without legal advice.
- ◆ Remember that talking to a lawyer about your claim is usually free, and most lawyers will let you know if it would be in your best interest for you to handle the claim on your own.

WE WILL GLADLY HELP WITH ALL  
INSURANCE MATTERS

**LAW OFFICES OF  
ARTHUR S. CHARCHIAN**

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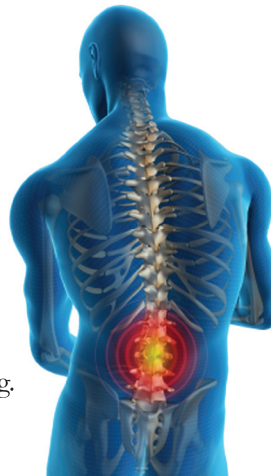
## If Injured

- ◆ Seek immediate medical evaluation and treatment. Insurance companies always claim a lack of immediate treatment means no injury, and connective tissue damage often hurts much more a few days later. If you are hurt at all, see a doctor.
- ◆ Follow-up with continuing treatment as required or recommended.

This includes:

- Chiropractic Care
- Your Physician
- Physical Therapy
- Massage Therapy

- ◆ If your insurance company requests a statement, be careful what you say. The insurance adjuster may try to get you to minimize the injuries on tape or in writing.



## Other Driver Information

Other Driver's Name:

Address:

Telephone No.:

Driver Lic. No.:

License Plate:

Vehicle Year, Make, Model:

Insurance Company:

Policy No.:

## Accident Information

Date of Accident:

Time of Day:

Exact Location:

City:

Weather Conditions:

Your Direction of Travel & Street:

Other Driver's Direction of Travel & Street:

Description of Accident:

Officer's Name:

Case/Report No.:

Witnesses (Names, addresses, phone numbers):

**Don't Forget Take Pictures**