

California Accident Loss Detail Form

Agent Name: _____

Named Insured _____ Policy Number _____

Address _____

City/State/Zip _____

Please review both sides of this form carefully, sign, date, and **return within 30 days**— be sure the accident information below reflects those that were confirmed with your Travelers representative as at fault accident(s) during the quoting process. If you disagree, please provide additional details requested below. Failure to provide the required information within 30 days may result in the cancellation of your policy. Su póliza puede ser cancelada si no envía la información requerida dentro de 30 días.

DRIVER NAME	DATE OF ACCIDENT	DESCRIPTION OF ACCIDENT	51 % OR MORE AT FAULT		TOTAL AMOUNT OF PROPERTY DAMAGE PAID GREATER THAN \$1000		BODILY INJURY OR DEATH *		CHECK IF YOU DISAGREE
			Yes	No	Yes	No	Yes	No	

If you have indicated that you disagree with any item above:

Please provide specific details explaining the reason for your disagreement for **each item** marked-

* Bodily injury or death coverage amount paid for injuries to passengers in another vehicle when you were responsible for causing the accident.

A driver may be considered to be principally at fault in an accident if the driver's actions or omissions were at least 51 percent of the proximate cause of the accident, subject to the exceptions set forth in below, and, in accidents not resulting in death, if the damage to the property of any one person caused by the accident exceeded \$1,000.00.

A driver shall not be considered to be principally at-fault if the accident occurred under any of the following circumstances:

- (1) The vehicle was lawfully parked at the time of the accident. A vehicle rolling from a parked position shall not be considered to be lawfully parked, but shall be considered as in the operation of the last operator;
- (2) The vehicle was struck in the rear by another vehicle, and the driver has not been convicted of a moving traffic violation in connection with the accident;
- (3) The driver was not convicted of a moving traffic violation and the operator of another vehicle involved in the accident was convicted of a moving traffic violation;
- (4) The driver's vehicle was damaged as a result of contact with a vehicle operated by a "hit and run" operator of another vehicle and the accident was reported to legal authorities within a reasonable time after the accident;
- (5) The accident resulted from contact with animals, birds, or falling objects;
- (6) The driver with respect to his or her operation of a private passenger motor vehicle was involved in an accident while operating an authorized emergency vehicle, as defined in subdivision (a) or (f) of Section 165 of the Vehicle Code or in paragraph (1) or (2) of subdivision (b) of Section 165 of the Vehicle Code, or any employer-leased vehicle or employer-rented vehicle, in the performance

of his or her duty during the hours of his or her employment, or was involved in an accident while operating his or her private passenger motor vehicle in the performance of his or her duty at the request or direction of an employer;
(7)The driver has been involved in an accident while operating an official government vehicle in the performance of his or her duty during the hours of his or her employment.
(8) The accident was a solo vehicle accident that was principally caused by a hazardous condition of which a driver, in the exercise of reasonable care, would not have noticed (for example, "black ice.")

I hereby swear under penalty of perjury that the statements made above are a true and correct description of the events. I understand that this information will be used in the determination of my insurance premium and eligibility for insurance. Travelers may re-rate or cancel my policy if the statements made here are not true.

Signature of Named Insured

Date

Convenient ways for you to return your document within the required timeframe:

- Fax it to us at 1-877-872-5334
- Scan and email it to us at piservice@travelers.com
- Mail information to Travelers Business Center, P.O. Box 59059, Knoxville, TN 37950-9059