

What to do if an accident occurs

Accidents happen. In the event you are in one, use this guide to help. Need additional help? Contact The Hanover at 800-628-0250.

IF YOU'RE IN AN ACCIDENT

- Assist injured parties and call 911, if needed.
- Contact the police to complete an accident report.
- Do not admit fault and make no payments or promises to anyone.
- Collect names, addresses and insurance information of all persons and vehicles involved.
- Take pictures of damage to all vehicles. Preserve dashcam footage, if available.
- If you're an employee, please contact your supervisor for next steps.
- If you are the policyholder, call your agent or submit a claim directly by calling The Hanover at 800-628-0250 or scan the QR code for more options.

INSURED VEHICLE DRIVER INFORMATION

Name _____

Primary phone _____

Address _____

City _____

State _____ Zip _____

Was driver injured? ☐ Yes ☐ No ☐ Unknown

Where there any passengers in the insured vehicle? ☐ Yes ☐ No

If so, were they injured? ☐ Yes ☐ No

VEHICLE AND PASSENGER DETAILS

VEHICLE NO. 1

(Your vehicle is considered vehicle no. 1 in all accident reports)

Date _____ Time _____ a.m. ☐ p.m. ☐

Location _____

Street _____

City _____ State _____ Zip _____

Speed: ☐ Yes ☐ No ☐ Unknown

Were there any passengers in the insured vehicle? ☐ Yes ☐ No

If so, were they injured? _____

If taken to a hospital, where? _____

PASSENGER(S) INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

Please describe how accident occurred: _____



If you're an employee, please contact your supervisor for next steps.

If you're the policyholder, call your agent or scan the QR code for more options

VEHICLE NO. 2

Name _____

Street _____

City _____ State _____ Zip _____

Age _____ Sex _____ License no. _____

Make, year and color of vehicle _____

Plate no. _____ State _____

Car owner (if different from above): _____

Name _____

Street _____

City _____ State _____ Zip _____

Insurance carrier: _____

Policy number: _____

Insurance agent: _____

Did anyone in this vehicle sustain injuries? ☐ Yes ☐ No

If taken to a hospital, where? _____

PASSENGER(S) INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

ADDITIONAL VEHICLE AND PASSENGER DETAILS

VEHICLE NO. 3

Name _____

Street _____

City _____ State _____ Zip _____

Age _____ Sex _____ License no. _____

Make, year and color of vehicle _____

Plate no. _____ State _____

Car owner (if different from above):

Name _____

Street _____

City _____ State _____ Zip _____

Insurance carrier: _____

Policy number: _____

Insurance agent: _____

Did anyone in this vehicle sustain injuries? ☐ Yes ☐ No

If taken to a hospital, where? _____

PASSENGER(S) INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

VEHICLE NO. 4

Name _____

Street _____

City _____ State _____ Zip _____

Age _____ Sex _____ License no. _____

Make, year and color of vehicle _____

Plate no. _____ State _____

Car owner (if different from above):

Name _____

Street _____

City _____ State _____ Zip _____

Insurance carrier: _____

Policy number: _____

Insurance agent: _____

Did anyone in this vehicle sustain injuries? ☐ Yes ☐ No

If taken to a hospital, where? _____

PASSENGER(S) INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____



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