



# MOTOR VEHICLE ACCIDENT INSURANCE INFORMATION REPORT

## OREGON CITY

1510 Division Street, Suite 280, Oregon City, OR 97045  
T 503.905.3400 • F 503.905.3399

## CANBY

200 Hazel Dell Way, Suite 202, Canby, OR 97013  
T 503.266.8500 • F 503.266.8585

*PLEASE NOTE: Because of Oregon's No-Fault law, the information we need is the information about YOUR insurance. Even if the other person was at fault in the accident, we will bill your insurance, and your insurance will collect from the other carrier.*

### INSURANCE COMPANY INFORMATION

Name of Your Auto Insurance Company \_\_\_\_\_  
Your Agent's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address to Send Claims \_\_\_\_\_ Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### POLICY HOLDER INFORMATION

Policy Holder's Name \_\_\_\_\_  
Policy Number \_\_\_\_\_ Date of Accident \_\_\_\_/\_\_\_\_/\_\_\_\_

Was the Patient:  Driver  Passenger Claim Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_