

If at the scene of an accident:		If damage occurs to your home or personal property:	
1. Contact police at 911.		1. Call police or fire department if needed.	
2. Assist injured parties if safe to do so.		2. Prevent further damage by making temporary repairs, if safe to do so.	
3. Collect names, addresses and insurance information of all persons and vehicles involved in the accident.		3. Secure all damaged property so a claim adjuster has an opportunity to inspect.	
4. Do not admit fault. Make no payments or promises to anyone.		4. Maintain all receipts for temporary repairs or extra living expenses. Collect all photos that document your insured items.	
5. Contact The Hanover		5. Contact The Hanover	

To report a claim, please call or go to [hanover.com](https://www.hanover.com)
Report a claim: 800-628-0250

Platinum customer claims: 800-799-6977 | Prestige customer claims: 877-922-2774

Ask about the advantages of our Express Auto Program and Preferred Auto Glass Program.

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What to do after an auto accident

myhanoverpolicy.com
Mobile app
Report a claim: 800-628-0250
Platinum customer claims: 800-799-6977
Prestige customer claims: 877-922-2774

A woman with curly brown hair is wearing a headset with a microphone. She is looking slightly to the right with a gentle smile. The background is a blurred office environment with other people and computer monitors.

Auto accidents can be upsetting. Our first concern is your safety. If you are able to drive and your vehicle is operable, your first step should be to drive to the side of the road to avoid further risks.

AT THE SCENE OF THE ACCIDENT:

- KEEP THIS BROCHURE IN YOUR GLOVE
COMPARTMENT WHERE IT WILL COME IN HANDY.**

We encourage you to collect as much information as you can at the scene of the accident to assist in a smooth and efficient claims process.

When you have a claim, we'll provide the expertise, guidance and tools to make things as easy as possible for you and your family or business. Day in and day out, our skilled claims professionals help us deliver on this promise—getting people back on the road, back into their homes and back to business after the unexpected occurs. Depending on the specifics of your claim, we may interact through self-service digital or virtual options, onsite visits and/or through trusted vendor partners. We'll be with you every step of the way.

9 OUT OF 10: customers with a home, business or auto claim* are likely to recommend The Hanover to a colleague, family member or friend

CONVENIENCE: Potential for same-day payment once your claim is resolved

*refers to customers with a paid claim

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The
Hanover
Insurance Group®

Citizens Insurance Company of America
808 North Highlander Way, Howell, MI 48843

Report a claim
or Roadside Assistance*

*If you have Roadside Assistance on your policy.

TOWING
EMERGENCY
SERVICES
(24/7)

Customer number: _____
Auto policy number: _____
Homeowner policy number: _____

Please keep this brochure in your vehicle
for ease of access.

Following the accident...

...you can count on us to provide the guidance,
expertise and tools to get you back on the road
as soon as possible.

RENTALS

If you elected rental coverage:

- Direct billing through our rental partner
- Pick-up and delivery (if applicable at your branch)

EXPRESS AUTO REPAIR FACILITIES

(where available)

- Professional trained personnel
- Repairs may begin immediately without a company appraisal
- Shuttle service and delivery as needed
- High-quality repair and services
- Lifetime warranty that guarantees repairs for as long as you own the vehicle

GLASS REPAIR AND REPLACEMENT

- Dedicated staff available 24/7
- Preferred and proven provider network
- Mobile and shop service available
- Free windshield repairs if you elected coverage

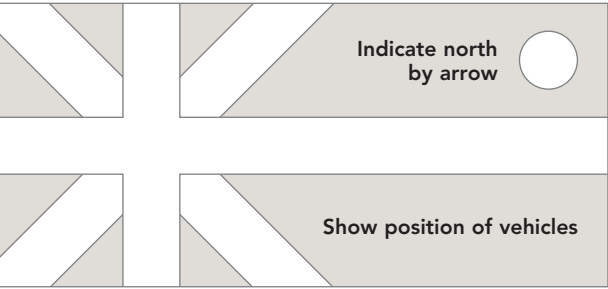
ACCIDENT DETAILS

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: Your vehicle_____ m.p.h.
Other vehicle_____ m.p.h.
Third vehicle_____ m.p.h.

Indicate on this diagram what happened



Comments_____

POLICE INFORMATION

Officer name_____
Badge no. _____
Station_____

OTHER DRIVERS

VEHICLE NO. 2

Name_____
Street_____
City_____ State____ Zip_____
Age_____ Sex____ License no. _____
Make, year and color of vehicle _____

Plate no._____ State _____
Owner_____
Street_____
City_____ State____ Zip_____
Insurance company _____
Policy no. _____
Insurance agent _____
Observably injured? ☐ yes ☐ no
Injury_____

PASSENGERS

Name (Vehicle no. 1)_____
Street_____
City_____ State____ Zip_____
Observably injured? ☐ yes ☐ no
Taken to _____

Name (Vehicle no. 2)_____
Street_____
City_____ State____ Zip_____
Observably injured? ☐ yes ☐ no
Injury_____

Name (Vehicle no. 3)_____
Street_____
City_____ State____ Zip_____
Observably injured? ☐ yes ☐ no
Injury_____

OTHER DRIVERS

VEHICLE NO. 3

Name_____
Street_____
City_____ State____ Zip_____
Age_____ Sex____ License no. _____
Make, year and color of vehicle _____

Plate no._____ State _____
Owner_____
Street_____
City_____ State____ Zip_____
Insurance company _____
Policy no. _____
Insurance agent _____
Observably injured? ☐ yes ☐ no
Injury_____

WITNESSES

Name_____
Street_____
City_____ State____ Zip_____
Phone_____

Name_____
Street_____
City_____ State____ Zip_____
Phone_____

CONTACT THE HANOVER CLAIMS TEAM TO REPORT AN ACCIDENT:

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