

Authorization to Disclose Accident Report Details to Insurer

To:

Name of Insurance Company: _____
Address: _____

I, the undersigned, hereby authorize and request the release of the following accident report details:

- Date, time, and location of the accident
- Parties involved
- Summary of incident
- Police report reference (if any)
- Any other relevant accident details

Accident Report Information

Report Number: _____
Date of Accident: _____
Location: _____

Authorizing Party Details

Full Name: _____
Contact Number: _____
Email Address: _____
Address: _____

I understand that this information will be used solely for the purpose of processing insurance claims related to the above-mentioned accident.

Date:

Signature:
