

# 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:

\_\_\_\_\_