



Government of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

January 26, 1998
CIRCULAR LETTER NO. C-1-1482-98

TO ALL DOMESTIC INSURERS AND GENERAL AGENTS OF FOREIGN INSURERS
AUTHORIZED TO TRANSACT VEHICLE INSURANCE IN PUERTO RICO
(English Version)

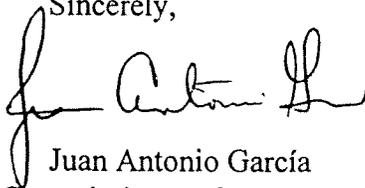
Re: Joint Accident Report

Ladies and Gentlemen:

Through our Circular Letter No. C-12-1477-97 of December 29, 1997, we distributed among the insurers authorized to transact vehicle insurance in Puerto Rico the joint accident report form.

The experience so far obtained in the processing of claims makes necessary several amendments to said form which are integrated into the model included with this circular letter, and we recommend you to use them as soon as possible. However, if your insurer has already reproduced the previous model, you may continue using the same until you exhaust the total number of copies printed.

Sincerely,



Juan Antonio García
Commissioner of Insurance

Enclosure

P.O. Box 8330, Santurce, Puerto Rico 00910-8330
Tel. (809) 721-5848, Fax (809) 722-0005

Motor Vehicle Compulsory Liability Insurance

Joint Accident Report

SEE INSTRUCTIONS ON BACK - EACH PARTY MUST RETAIN A COPY OF THIS REPORT. PRINT IN INK.

ACCIDENT DATA

Date: (Mo. - Day - Year)		Time: ()AM ()PM		Site:		Coding: (For Insurer's Use)	
Roadway:	Kilometer:	Ward:	Municipality:	No. of Vehicles Involved:			

DATA ABOUT POLICE OFFICER WHO INVESTIGATED OR TO WHOM ACCIDENT WAS REPORTED

Police Officer's Name:		Police Officer's Surnames:		Badge Number:	
Police Station:		Complaint Number:		The Police Officer: ()Was ()Was Not present at the site of the accident	

ACCIDENT DIAGRAM

INSTRUCTIONS

Describe accident using drawings similar to those shown below to identify vehicles 1 and 2. Use arrows (→↑) to indicate the direction in which they traveled. Include traffic signs and give names of streets. Indicate with arrows (→↑) the point of impact in each vehicle. (See example on back).



VEHICLE 1 DATA

Owner's Name:		Owner's Surnames:		Age:	Sex:	License Number:	State That Issues License, If Not P.R.
Social Security No.:		Address:		Town:		Zip Code:	
Home Telephone:		Work Telephone:		Name of Insurer Covering Vehicle:		Policy No.:	
Driver's Name:		Driver's Surnames:		Age:	Sex:	License Number:	State That Issues License, If Not P.R.
Social Security No.:		Address:		Town:		Zip Code:	
Home Telephone:		Work Telephone:		Sticker's Payment Date:	Sticker's Expiration Date:	Financing or Leasing Company:	
Make:	Model:	Year:	Color:	License Plate Number:		Mileage:	
Motor or Series No. (VIN):			Registration Number:		Claim Number (For Insurer's Use):		

Describe the accident and damages suffered by Vehicle 1, and include other comments:

VEHICLE 2 DATA

Owner's Name:		Owner's Surnames:		Age:	Sex:	License Number:	State That Issues License, If Not P.R.
Social Security No.:		Address:		Town:		Zip Code:	
Home Telephone:		Work Telephone:		Name of Insurer Covering Vehicle:		Policy No.:	
Driver's Name:		Driver's Surnames:		Age:	Sex:	License Number:	State That Issues License, If Not P.R.
Social Security No.:		Address:		Town:		Zip Code:	
Home Telephone:		Work Telephone:		Sticker's Payment Date:	Sticker's Expiration Date:	Financing or Leasing Company:	
Make:	Model:	Year:	Color:	License Plate Number:		Mileage:	
Motor or Series No. (VIN):			Registration Number:		Claim Number (For Insurer's Use):		

Describe the accident and damages suffered by Vehicle 2, and include other comments:

The content of this Report does not imply recognition of liability of the parties involved in the accident, but only a correct compilation of information that will facilitate the processing of the claims that may be made as a result of this accident. Do not discuss the content of this Report except with an officer, employee or representative of your insurer. Any person who offers, provides or declares false or fraudulent information in this Report, or prepares, makes, presents, or signs a false or fraudulent claim or proof in support thereof, for the payment of a loss under the compulsory liability insurance, will be subject to the corresponding administrative or penal sanctions, pursuant to Act No. 253 of December 27, 1995, as amended. Once this Report is filled out you must sign it in the space provided below. The signatures of the parties are necessary for processing any claim that may be presented and guarantee that the information provided is correct and truthful. Once this Report is signed by both parties, it must not be modified.

Signature, Owner of Vehicle 1

Date

Signature, Owner of Vehicle 2

Date

WHAT MUST YOU DO IN THE EVENT OF A TRAFFIC ACCIDENT?

1. The drivers of the vehicles involved in the accident must fill out this Joint Accident Report. The information in this report is needed for processing your claim.
2. If it is not possible to fill out the Report, obtain the following information pertaining to the other or other vehicles involved:
 - a. Driver's name.
 - b. Driver's license number.
 - c. Vehicle owner's name, as shown in its license.
 - d. Mailing and physical address of the driver and the vehicle owner (the owner's address is shown in the vehicle's license).
 - e. License plate number.
 - f. Make, model and year of the vehicle.
3. In accordance with the Puerto Rico Vehicle and Traffic Act, report the accident to the Police within the next four (4) hours of its occurrence. If you report the accident to the Police after forty-eight (48) hours of its occurrence, besides being subject to the penalties established by the mentioned law, you may lose the right to make a claim under the Compulsory Liability Insurance.
4. Obtain the following information from the police officer who investigated the case or heard the complaint:
 - a. Name, badge number and police station.
 - b. Number of the complaint presented to the Police.

IF YOU ARE INSURED WITH THE JOINT UNDERWRITING ASSOCIATION...

1. If you are insured by a private insurer, contact the same and proceed as indicated.
2. If you are insured by the Joint Underwriting Association, take the vehicle that suffered the damages to an Adjustment Center of the Association and present the following documents when filing your claim, in order to expedite the resolution of the same:
 - a. Joint Accident Report duly completed, including the number of the complaint presented to the Police, without which it will not be considered complete.
 - b. Original copy of the vehicle's license.
 - c. Driver's license of the owner, or another identification with photo.
 - d. Cost estimate(s) of the vehicle's repair.

If it is not possible to take the vehicle, present your claim in an Adjustment Center of the Association. One of the representatives of the claims department will arrange with you a convenient date for the inspection of the same.

The addresses and telephone numbers of the Adjustment Centers are available at the tax collectors' offices and Police stations. For information, you may also call telephone numbers 1-800-981-5092 (free of charge from outside the Metropolitan Area) and 721-5092 (San Juan Metropolitan Area), or you may write to the following address:

Joint Underwriting Association
P. O. Box 9023875
San Juan Puerto Rico 00902-3875
Fax Numbers: 723-6810, 723-0014, 724-4437

EXAMPLE OF HOW TO COMPLETE THE ACCIDENT DIAGRAM

