Ports Petroleum Company, Inc. Date_____

Property and/or Public Accident Report

1. In case of an accident at any of the Fuel Mart stations involving Company and/or customer property, the following information should be obtained:

   Name_____ Phone_____

   Address _____ Make or Model Car _____

   _____ _____

   _____ License No. _____

   Date of Accident _____ Time _____

   Describe Accident_____

   _____

   _____

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2. Contact the Corporate Office immediately, giving all information on the accident.
3. If customer desires to contact the Corporate Office, please assist him/her in doing so.
4. If your station is adjacent to another business, be sure to advise the customer that the station is operated by Ports Petroleum Company, Inc. This will avoid confusion in settling the matter.
5. Be courteous at all time. Arguments and use of harsh words will complicate the situation.
6. All settlements of claims will be made by the Corporate Office.

Station # _____

Reported By _____

Reported To _____