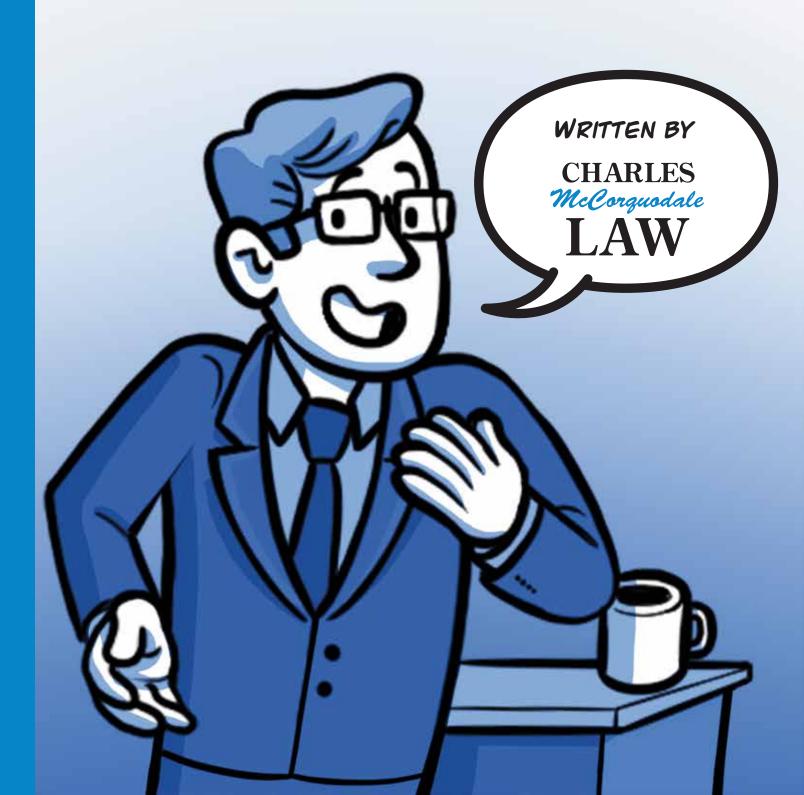
The Biggest Myths About Car Accident Claims

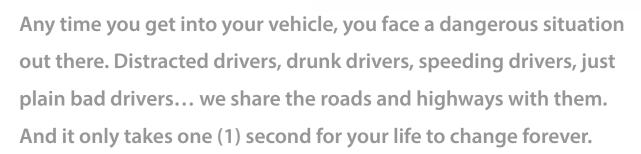


Were you in an accident that caused an injury that affected your ability to perform daily tasks, go to work, or care for your family?

there are approximately
6 million car accidents in
the United States – that
works out to more than 16,000
per day. Of those, roughly 4.4
million resulted in injuries
serious enough to require
medical attention, according to
the National Safety Council.

In Alabama, a car crash happened every 197 seconds in 2018, according to data from the Alabama Department of

Transportation. Injuries occur in wrecks every eleven (11) minutes & five (5) seconds in the state. Of those wrecks, 72% involved two or more vehicles.



Extremely Difficult to Trust Insurance Companies (Even Your Own!)

When you are in a wreck, while you must notify your insurance company as soon as possible, we recommend that you must avoid giving them any statement or any additional information upon their inquiry until AFTER you speak with an injury attorney, to assist you.



They are all about their bottom-line. They will use every trick in the book to give you as little money as possible (or no money At All) for your claims for pain, suffering or mental anguish, damages to your vehicle, and other significant injuries to you caused by the wreck. They often deny your claims altogether.

Surprised? Well, the insurance company avoided telling you that when you signed the contract for Your insurance policy. They always "appear" helpful, friendly, and kind, to help you feel comfortable when you must sign the documents for your insurance policy (sometimes even with little to no explanation of what the terms reference or what the policy requires!).

All of this changes, drastically, when you are in a wreck, suffer significant injuries, and, then, file a claim for damages.

YOUR INSURANCE DENIED!

Through the years, with these constant assaults

from the insurers, several myths were

created. You may have even already heard some of these or similar comments yourself. These often confuse the injured parties, even more, or seem to make these injuries, struggles, or physical (or mental) recovery, more difficult to resolve.

Ever been there?

Myth – Insurance Adjusters Are On Your Side

After a wreck, you often seek the immediate and necessary medical care and attention, sometimes with an ambulance or EMTs, make sure the police are notified, to help identify the parties involved and investigate the incident, and notify your insurer as soon as possible.

When you speak with the insurance adjuster, he often appears friendly, or "concerned" because he wants you to relax so you will provide the responses to his questions that are often leading.

Frequently, the insurance claims adjuster calls you unexpectedly for an intense (recorded) interview, with a request for a statement. The insurer's claims investigation continues in a way (known ahead of time by them) for the insurer to pay as little as possible, even for your clear and obvious medical treatment ordered by the treating physicians, necessary medical costs and expenses, and other costs required for or related to your significant injuries from the collision.

Keep in mind, though, that the adjuster works for the insurance company. Their goal is to save the company as much money as possible. They are not on your side.

In fact, the insurance claims adjusters may even attempt to mislead you or sometimes put words in your mouth. Usually, they'll even move on to a different question and stop your attempt to clarify a previous response that they restated out loud for their recording and obviously misinterpreted what you previously said. Sometimes, that's how they create their own record for their

own benefit!

When you are injured from a collision, the last person you want to hear from is an insurance adjuster who intends to misinterpret your comments or intends to pay you



less than what you are entitled to for your significant injuries.

The insurance adjuster's inquiry, with a demand for a statement, may feel intrusive, may seem difficult to understand or may feel confusing. Thus, you ought to speak with an injury attorney before you give any statement to an insurer, even your own.

Your injury attorney can help you to understand the key issues, to get the medical treatment necessary for your significant injuries, and to provide notice to the insurer for you, along with a letter of representation, if needed, to prevent the insurer from repeatedly harassing or antagonizing you.

Myth – If Your Injuries Don't Seem Serious, You Don't Need Medical Treatment

In the aftermath of an accident, your body is full of adrenalin. You're under extreme stress. In this case, you might not feel like you are injured beyond just a few scrapes and bruises.

However, it's all too common that once you get home, and the adrenalin wears off, that you start to feel pain, usually in the next 24-48 hours, especially after

you "sleep on it" or during the next month or two, when you attempt to return to your daily activities, family care, or work duties and performance.

In these days soon after the date when the injuries occurred, you may begin to feel and recognize that the injuries caused by the collision are more significant or worse than you initially considered and require medical treatment (or examination), beyond any DIY.

You might also notice internal injuries. Plus, some injuries can get much worse over time if left untreated. You could have had a concussion that is causing dangerous and life-threatening swelling to the brain, for example, or have internal bleeding.

That's why, after any accident, you ought to seek medical attention. This may help to establish that your injuries were caused by the accident. That's where trick insurance adjusters come in again.

If you don't see a doctor after the wreck and only seek treatment when your previously unnoticed injuries get worse, they tend to say they weren't caused by the accident.

When you have your medical records of your accident-related injuries, you have the evidence you need to support the doctor's opinions about your significant injuries caused by the collision, you document your injuries and create a record of these injuries asap after the collision, and you help to assist the insurer in their attempt to determine all of the money damages to which you are entitled to recover from this incident and help to provide them with all of the document and medical records that they request and need to perform an adequate investigation of your injuries that you experienced from this wreck.

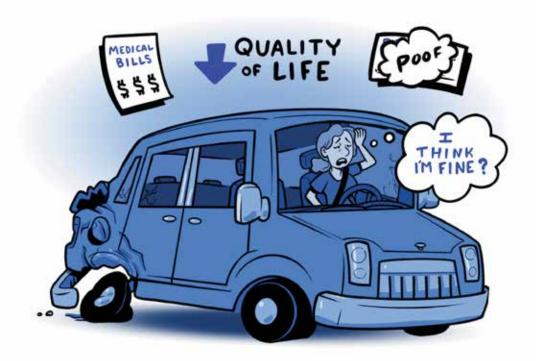
Myth – You Must Take the First Check the Insurance Company Offers You

Imagine the typical scenario re. the insurer: you are in a wreck, with resulting damage to your car and injuries to you. You speak to an insurance adjuster, who, after listening to details of the case, reviewing police reports, research medical records, lost wages, and examining vehicle damage estimates... offers to send you a check for a certain amount to cover "everything."

Initially, often from an investigation that occurs too quickly or when you may feel you are most in need for some additional

money, the insurer only offers
you a "low ball" offer
so the adjuster
can immediately
close your file,
never look back,
and refuse to pay
you any more or

any additional sums of money in this claim, even if or when you later recognize that you really do require additional medical care, treatment, or expenses due to this incident.



Keep in mind that in the immediate aftermath of a wreck, you might not realize the extent of your injuries and the impact on your life, including the cost of medical treatment, decreased quality of life, lost wages if you can't go back to work, the cost to repair or replace your vehicle... as well as pain & suffering or mental anguish.

Here, you must delay any immediate acceptance of the insurer's initial offer until after you adequately investigate the significance of your injuries, usually with the necessary and required medical treatments, (especially if these ought to be covered by the insurer), and, where needed, communication with an injury attorney to assist you, to help you understand the insurer's (intimidating?) inquiry, or to help you to resolve these injury claims that may involve terms from your insurance contract policy that are vague or confusing!

Myth – During your attempt to seek medical care, relax, or spend time with your family, you (alone), by yourself, want to negotiate with the insurer?

If the wreck was clearly caused by the other driver, even with witnesses and videos as proof, do you really believe that the insurer, along with the "friendly" claims adjuster who contacts you now to demand a recorded statement, intends to pay full value for the significant injuries you or your passengers in the wreck experienced?

Will the insurer really agree to pay you all you are entitled to recover due to your significant injuries, mental anguish suffered, and complete costs to repair your damaged (or full

damages to which you are obviously entitled

value for your totaled) vehicle, as well as other

to recover!?

Are you aware of all of the damages to which you are entitled here from the insurance policy (or sometimes policies) due to the injuries that occurred in the wreck or were caused by the other driver?

Are you even aware of how many insurers or insurance policies are involved or available here? Some insurers may tend to hide insurance policies that are available to you, in incidents like this!

Insurance companies with deep pockets bully injured drivers every day to accept less money than they deserve. Insurance adjusters deny claims all the time – it's their job.

Plus, when an attorney gets involved, insurers always take your case more seriously – because they know they can't bully you anymore.

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Recognize the statute of limitations applies,

so if you intend to pursue or attempt to resolve these claims with the insurer, you ought to speak with an injury attorney immediately, especially to help you locate and collect all of the

evidence, documents, and medical records

that the insurer demands, requests, and requires to perform a thorough investigation of your injuries and insurance claims.

We can help to take some of the weight off your shoulders.

Myth – Too expensive to hire an attorney?!

Unnecessary to break the bank when you choose to hire an injury attorney after a wreck.



Injury attorneys generally work on your behalf with a contingency-fee contract so the injury attorney only gets paid After you get paid, without any hourly fee and without any upfront fee.

Uncertain about what to do now?

Contact Charles McCorquodale Law (asap) for a **FREE** initial consultation to assist you with an adequate investigation or review of your claims from this incident.

(You may contact us now via phone, text, or email).

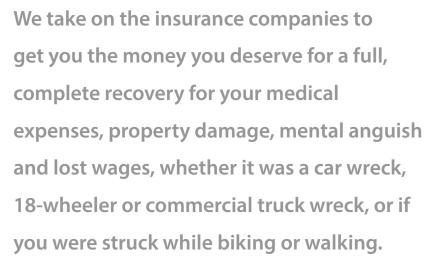
At Charles McCorquodale Law, we represent clients across the state of Alabama.

We Are Your Local Injury Attorney!











Remember, simply hiring an attorney makes insurance companies take you more seriously – often they won't negotiate unless you have an attorney, and only send you lowball offers that are nowhere near enough to cover your damages.

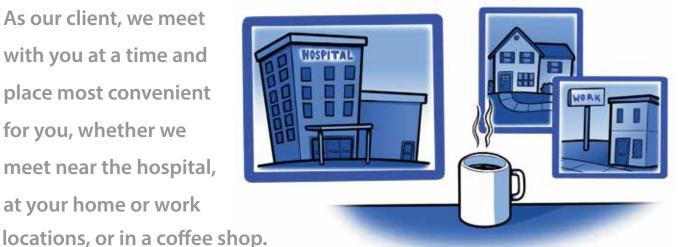
Let us talk to the insurance company for you.



At **Charles McCorquodale Law** we work on a contingency-fee basis – so we only get paid after you get paid.

We also provide legal services for maritime issues, workers' comp, slip & fall, and more.

As our client, we meet with you at a time and place most convenient for you, whether we meet near the hospital, at your home or work



Contact us today!

Speak with an attorney here or schedule your free consultation with an attorney in our office today – or at your convenience, at (251) 220-2790, or via email charles.mccorquodale@gmail.com, or go to **CharlesMcCorquodaleLaw.com** for more information.

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