

Driver's Accident Report Form

IN THE EVENT OF AN ACCIDENT

NONPROFIT / INSURED

Driver – Complete all items to the best of your ability, sign and date page 3, and immediately give it to your supervisor.

Supervisor – Fax this Driver's Accident Report form to your insurance broker immediately.

BROKER – Refer to our website for instructions on claim reporting.

If a claim needs to be reported after business hours or on the weekend, call (866) 718-1947.
This number is reserved for true claims emergencies after business hours and weekends.

Driver/Vehicle Information

| | | | | |
|---------------------------------------|-----------|-----------------------|--------------------|---------------------------|
| Name of Driver (first and last) | | Driver's Age | Driver License No. | State |
| Driver's Address – Street | | City | State | Zip |
| | | Telephone No. () | | |
| Name of Nonprofit / Employer | | | | ANI/NIAC Policy Number |
| Nonprofit/Employer Contact Name | | Contact Email Address | | |
| Nonprofit / Employer Address – Street | | City | State | Zip |
| | | Telephone No. () | | |
| Make of Nonprofit's Vehicle | Body Type | Year | License Plate # | V.I.N. (last four digits) |
| Damage to Nonprofit's Vehicle: | | | | |

Accident Information

| | | | | |
|--|---|-----------------------------|-------------------------------------|---------------------|
| Date of Accident | Day of Week (circle one) Mon Tue Wed Thurs Fri Sat Sun | Time of Accident AM / PM | Location - Street or Highway & City | |
| On what street were you driving? | | | Direction (circle one) N S E W | Speed (approximate) |
| On what street was other vehicle driving? | | | Direction (circle one) N S E W | Speed (approximate) |
| Police Report? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, name of reporting officer | Agency | Citation/Report # | |
| Witness #1 Name (first and last) | | Telephone No. () | Email Address | |
| Witness #2 Name (first and last) | | Telephone No. () | Email Address | |
| Description of Accident (include weather and road conditions): | | | | |
| | | | | |
| | | | | |

(Use the back of this sheet if additional space is needed; please use the diagrams on page 3 to draw the accident)

Passenger(s) in Your Vehicle *(attached additional pages if needed)*

| | | | | |
|--|----------------------------|---------------|-----|---|
| Name (first and last) | Telephone No. () | Email Address | Age | Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Telephone No. () | Email Address | Age | Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Telephone No. () | Email Address | Age | Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ambulance called to scene? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of doctor or hospital | | | |

Other Vehicle Involved

| | | | |
|---|----------------------|----------------------|---|
| Name of Driver (first and last) | | Driver License No. | State |
| Address - Street | City/State/Zip | Telephone No. () | Email Address |
| Name of Vehicle Owner (if different than above) | | Telephone No. () | Email Address |
| Name of Insurance Company | | Policy # | Telephone No. () |
| Year/Make of Vehicle | Body Type | License Plate No. | State |
| Damage to Vehicle: | | | |
| Passenger's Name (first and last) | Telephone No. () | Email Address | Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Passenger's Name (first and last) | Telephone No. () | Email Address | Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other Vehicle Involved *(if any)*

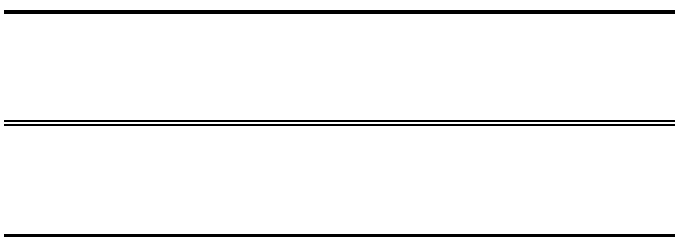
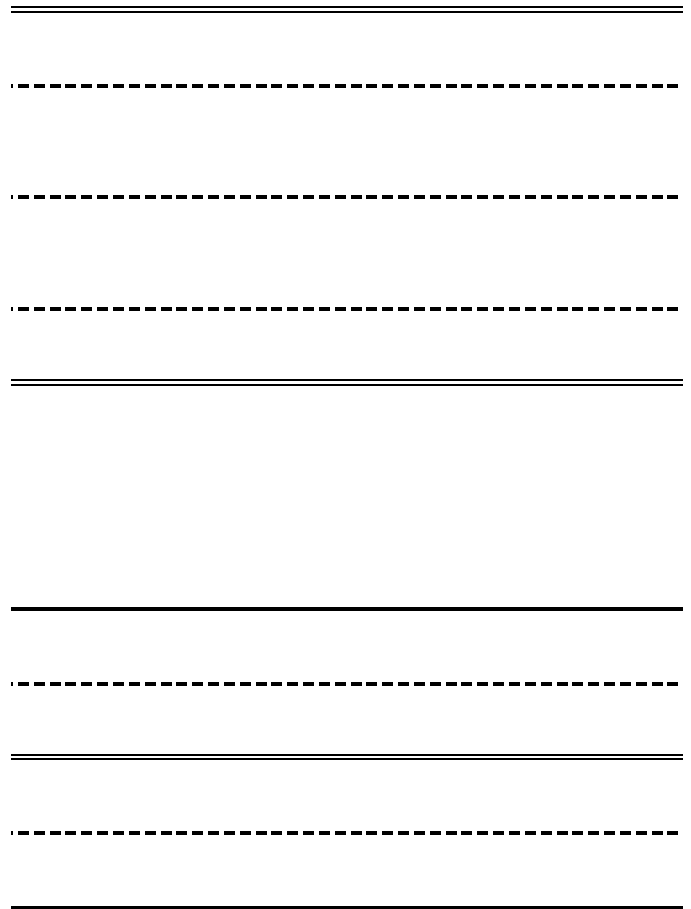
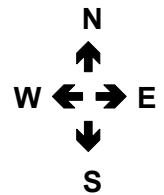
| | | | |
|---|----------------------|----------------------|---|
| Name of Driver (first and last) | | Driver License No. | State |
| Address - Street | City/State/Zip | Telephone No. () | Email Address |
| Name of Vehicle Owner (if different than above) | | Telephone No. () | Email Address |
| Name of Insurance Company | | Policy # | Telephone No. () |
| Year/Make of Vehicle | Body Type | License Plate No. | State |
| Damage to Vehicle: | | | |
| Passenger's Name (first and last) | Telephone No. () | Email Address | Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Passenger's Name (first and last) | Telephone No. () | Email Address | Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No |

On the diagrams below, please draw the accident.

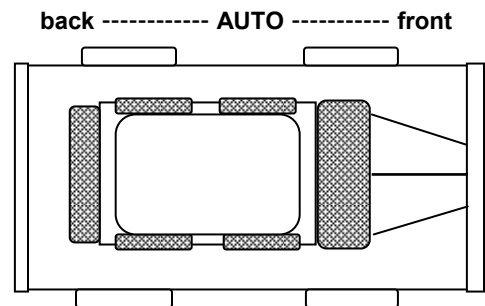
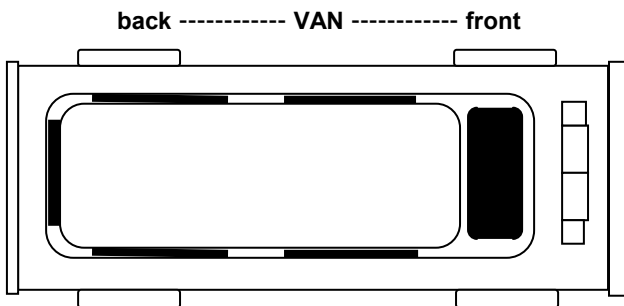
(Be sure to include any stop signs or traffic signals.)

Legend:

- V 1 ► Your Vehicle
- V 2 ► Other Vehicle
- V 3 ► Other Vehicle (if any)



On the overhead diagrams below, please indicate the location of damage to *your* vehicle, if any.



SIGNATURE OF DRIVER

DATE

Claims Reporting Procedure

REPORT CLAIMS IMMEDIATELY!

There is no negative impact on your policy for reporting an incident.
When in doubt – report it!

If you have any questions concerning whether to report an incident or claim,
call your broker.

HOW DO YOU KNOW WHEN AN INCIDENT REQUIRES A CLAIM TO BE REPORTED?

1. There's been an accident
2. Someone has been hurt
3. Property has been damaged
4. You think someone ought to know "just in case"

IF YOU NEED TO REPORT A CLAIM:

1. Complete the appropriate reporting form:
 - Driver Accident Report Form – motor vehicle accident
 - Incident Report Form – all other accidents

An original of these forms follows this page of your policy. Additional forms are available at our secure website: www.insurancefornonprofits.org.

NOTE: Claims for North American Elite Property Insurance do not require a separate form. Your insurance broker will send us an ACORD claim form.

2. Tell your insurance broker to report the claim to the AMS Insurance Services, Inc. Claims Department by email at: newclaims@insurancefornonprofits.org

EMERGENCY SITUATIONS

If you need to report a claim during **non-business hours** and cannot reach your broker, call 1-866-718-1947. This number should **only** be used for true claims emergencies.