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 <u>insurance broker</u> 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.

Name of Driver (first and last)				Driver's Age Dri		er License No	. State	
Driver's Address – Street City			State	Zij	p Te	lephone No.		
		,		·		. ()	
Name of Nonprofit / I	Employer					ANI/NI	IAC Policy Number	
Nonprofit/Employer Contact Name			Contact Em	nail Address				
Nonprofit / Employer Address – Street		City	City		Zip	Telepho	Telephone No.	
						()	
Make of Nonprofit's Vehicle		Body Type	Year	License Plate #		V	V.I.N. (last four digits)	
Damage to Nonprofit	r's Vehicle:							
	Day of Week (circle on		Time of Acci		Location - Street	or Highway &	City	
Date of Accident	Day of Week (circle on Mon Tue Wed T	e) hurs Fri Sat Sun	Time of Acci	dent AM / PM				
Date of Accident	Day of Week (circle on Mon Tue Wed T		Time of Acci		Direction (circle on	e)	City Speed (approximate)	
Date of Accident On what street were	Day of Week (circle on Mon Tue Wed T you driving?		Time of Acci		Direction (circle on N S	e) E W	Speed (approximate)	
Date of Accident On what street were	Day of Week (circle on Mon Tue Wed T		Time of Acci		Direction (circle on N S Direction (circle on	e) E W		
Date of Accident On what street were On what street was c	Day of Week (circle on Mon Tue Wed T you driving?	hurs Fri Sat Sun			Direction (circle on N S Direction (circle on N S	e) E W	Speed (approximate)	
Accident Information Date of Accident On what street were On what street was composed to the properties of the proper	Day of Week (circle on Mon Tue Wed T you driving?	hurs Fri Sat Sun	Time of Acci		Direction (circle on N S Direction (circle on	e) E W	Speed (approximate)	
On what street were On what street was c	Day of Week (circle on Mon Tue Wed T you driving? other vehicle driving?	hurs Fri Sat Sun			Direction (circle on N S Direction (circle on N S Citation/Report #	e) E W	Speed (approximate) Speed (approximate)	

(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.	Ema	ail Address		Age	Injuries?	
	()					☐ Yes	☐ No
Name	Telephone No.	Ema	Email Address		Age	Injuries?	
	()					☐ Yes	☐ No
Name	Telephone No.	Ema	Email Address		Age	Injuries?	
	()					☐ Yes	☐ No
Ambulance called to scene? Name of doctor or ho	spital	,			1	ı	
☐ Yes ☐ No							
Other Vehicle Involved							
Name of Driver (first and last)				Driver License No.			State
Address - Street	City/State/Zip		Telephone	No.	Email Addı	ress	
			()				
Name of Vehicle Owner (if different than above)	-		Telephone	No.	Email Addı	ress	
			()				
Name of Insurance Company		Policy #			Telephone	No.	
					()		
Year/Make of Vehicle	Body Type			License Plate No.			State
Damage to Vehicle:							
D						T	
Passenger's Name (first and last)	i Telenhone No	F	mail Address		Ane	I Injuries?	
Passenger's Name (first and last)	Telephone No.	E	mail Address		Age	Injuries?	
Passenger's Name (first and last) Passenger's Name (first and last)	Telephone No. Telephone No.		Email Address Email Address		Age	Yes Injuries?	□ No
	()					Yes	□ No
	()					Yes Injuries?	□ No
Passenger's Name (first and last)	()			Driver License No.		Yes Injuries?	□ No
Passenger's Name (first and last) Other Vehicle Involved (if any)	()		Email Address			Yes Injuries?	□ No
Passenger's Name (first and last) Other Vehicle Involved (if any)	()					☐ Yes Injuries? ☐ Yes	□ No
Passenger's Name (first and last) Other Vehicle Involved (if any) Name of Driver (first and last) Address - Street	Telephone No.		Email Address		Age	☐ Yes Injuries? ☐ Yes	□ No
Passenger's Name (first and last) Other Vehicle Involved (if any) Name of Driver (first and last)	Telephone No.		Email Address	No.	Age	☐ Yes Injuries? ☐ Yes ☐ Yes	□ No
Passenger's Name (first and last) Other Vehicle Involved (if any) Name of Driver (first and last) Address - Street Name of Vehicle Owner (if different than above)	Telephone No.	E	Telephone	No.	Age Email Add	☐ Yes Injuries? ☐ Yes ress	□ No
Passenger's Name (first and last) Other Vehicle Involved (if any) Name of Driver (first and last) Address - Street	Telephone No.		Telephone () Telephone	No.	Age Email Add	☐ Yes Injuries? ☐ Yes ress	□ No
Passenger's Name (first and last) Other Vehicle Involved (if any) Name of Driver (first and last) Address - Street Name of Vehicle Owner (if different than above) Name of Insurance Company	Telephone No. () City/State/Zip	E	Telephone () Telephone	No.	Age Email Add	☐ Yes Injuries? ☐ Yes ress	□ No □ No State
Passenger's Name (first and last) Other Vehicle Involved (if any) Name of Driver (first and last) Address - Street Name of Vehicle Owner (if different than above)	Telephone No.	E	Telephone () Telephone	No.	Age Email Add	☐ Yes Injuries? ☐ Yes ress	□ No
Passenger's Name (first and last) Other Vehicle Involved (if any) Name of Driver (first and last) Address - Street Name of Vehicle Owner (if different than above) Name of Insurance Company Year/Make of Vehicle	Telephone No. () City/State/Zip	E	Telephone () Telephone	No.	Age Email Add	☐ Yes Injuries? ☐ Yes ress	□ No □ No State
Passenger's Name (first and last) Other Vehicle Involved (if any) Name of Driver (first and last) Address - Street Name of Vehicle Owner (if different than above) Name of Insurance Company	Telephone No. () City/State/Zip	E	Telephone () Telephone	No.	Age Email Add	☐ Yes Injuries? ☐ Yes ress	□ No □ No State
Passenger's Name (first and last) Other Vehicle Involved (if any) Name of Driver (first and last) Address - Street Name of Vehicle Owner (if different than above) Name of Insurance Company Year/Make of Vehicle Damage to Vehicle:	City/State/Zip Body Type	Policy #	Telephone () Telephone ()	No.	Email Adda Email Adda Telephone	☐ Yes Injuries? ☐ Yes ress ress	□ No □ No State
Passenger's Name (first and last) Other Vehicle Involved (if any) Name of Driver (first and last) Address - Street Name of Vehicle Owner (if different than above) Name of Insurance Company Year/Make of Vehicle	Telephone No. () City/State/Zip	Policy #	Telephone () Telephone	No.	Age Email Add	☐ Yes Injuries? Yes Injuries?	□ No □ No State
Passenger's Name (first and last) Other Vehicle Involved (if any) Name of Driver (first and last) Address - Street Name of Vehicle Owner (if different than above) Name of Insurance Company Year/Make of Vehicle Damage to Vehicle: Passenger's Name (first and last)	City/State/Zip Body Type Telephone No. ()	Policy#	Telephone () Telephone ()	No.	Email Adda Email Adda Telephone ()	Injuries? Injuries? Injuries? Yes	No No State State
Passenger's Name (first and last) Other Vehicle Involved (if any) Name of Driver (first and last) Address - Street Name of Vehicle Owner (if different than above) Name of Insurance Company Year/Make of Vehicle Damage to Vehicle:	City/State/Zip Body Type	Policy#	Telephone () Telephone ()	No.	Email Adda Email Adda Telephone	☐ Yes Injuries? Yes Injuries?	□ No □ No State State

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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) S
On the every head discrepance helevy places indicate the lev	
On the overhead diagrams below, please indicate the local back VAN front	back AUTO front

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.





