

Auto Claim Reporting Checklist

This form is designed to help you document all of the necessary facts in the unfortunate event that an employee has an accident with a government entity vehicle. We recommend that you place a copy of this form in each of your fleet vehicles, after completing the Customer Information and Vehicle Information sections.

Please Note: Report all accidents to:

_____, at

your entity's claim handler. The Intact Insurance Claims Service Center is open for claim intake 24/7. For more efficient service, please have the information on this checklist available for your Intact claims representative. To report a claim, call 877.284.5602.

In case of an accident, follow these steps:

1. Stop at a safe distance from passing traffic! Investigate and determine damage.
2. Turn on warning flashers. Set up warning flares or reflectors if possible.
3. Help the injured. Get medical help if necessary.
4. Call the police. Notify local and/or state police as required.
5. Identify yourself to the parties involved. Give your name, address and driver's license information. Give registration information upon request.
6. Be courteous, but make NO statements about the accident except to the police or an Intact Insurance claim representative.
7. Obtain information to complete this report form. Be sure to get:
 - the other driver's name, address, license, vehicle information and insurance company name.
 - the names and addresses of any passengers as well as any witnesses.
8. Report the accident as quickly as possible to your employer. They will notify the company's insurance agent or Intact Insurance.
9. Take photos of the accident scene if possible.

Customer Information

Policy #: _____

Address: _____

City/State/Zip: _____

Contact Name: _____

Phone: _____

Alternate Phone: _____

Agent's Name: _____

Agent's Phone: _____

Vehicle Information

Make/Model of Vehicle: _____

Year: _____ Serial # (VIN): _____

Registration/plate #: _____

Vehicle Operator

Name: _____ Date of Birth: _____

Address: _____

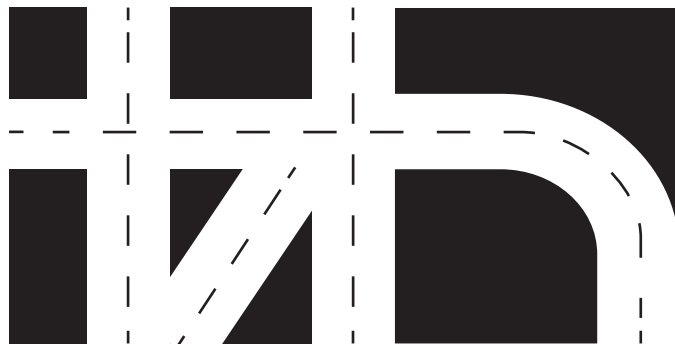
City/State/Zip: _____

License Number: _____

Note: The vehicle operator should complete the rest of the form if they have an accident while driving a government entity vehicle. If you need to make additional notes, please use the extra space provided at the end of this form.

Diagram of Accident

Show street names and direction in which the vehicles were traveling. Indicate N, S, E & W.



Rate of Speed: _____

Accident Information

Date Accident Occurred: _____ Hour: ☐ a.m. ☐ p.m.

Where Accident Occurred: _____

Passenger(s)

Name: _____

Address: _____

City/State/Zip: _____

Phone (home): _____ Phone (work): _____

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How Accident Occurred

Contributing Factors (check all that apply)

WEATHER:

- ☐ clear ☐ cloudy ☐ rain ☐ fog/smoke
☐ snow/sleet

VISIBILITY:

- ☐ daylight ☐ dawn ☐ dusk ☐ darkness
☐ road unlighted ☐ road lighted

ROADWAY:

- ☐ dry ☐ wet ☐ dirt/sand ☐ metal surface
☐ asphalt ☐ muddy ☐ ice/snow ☐ gravel
☐ concrete ☐ obstructions (list)

ROAD CHARACTERISTICS:

- ☐ straight ☐ level ☐ grade
☐ rural ☐ curve ☐ turn
☐ parking zone ☐ school zone ☐ industrial area
☐ residential area ☐ business area

TYPE OF LOCATION:

- ☐ street ☐ alley ☐ crosswalk ☐ highway
☐ parking lot ☐ underpass ☐ bridge ☐ driveway
☐ loading dock ☐ intersection ☐ railroad crossing

OBJECTS INVOLVED:

- ☐ automobile ☐ bicycle ☐ brakes ☐ truck
☐ animal ☐ wipers ☐ train ☐ fixed object
☐ couplings ☐ bus ☐ pedestrian ☐ horn
☐ tires ☐ lights ☐ motorcycle ☐ tractor-trailer
☐ object in road ☐ other: _____

OTHER FACTORS:

- ☐ speed ☐ right turn ☐ left turn
☐ overturned ☐ steering ☐ U-turn
☐ stop sign ☐ traffic signal ☐ failure to yield
☐ engine failure ☐ improper pass ☐ ran off road
☐ DWI drugs ☐ DWI alcohol ☐ in wrong lane
☐ drove left of center ☐ improper following

Damage to Property/Vehicle of Others

Registered Owner: _____

Address: _____

City/State/Zip: _____

Phone (home): _____ Phone (work): _____

Operator Name: _____

Phone (home): _____ Phone (work): _____

Car Year/Make/Model: _____

Vehicle Registration/Plate: _____

Other Information (Insurance Company, Policy Number, Etc): _____

Description of Damage to Property or Vehicle:

Passenger(s)

Name: _____

Address: _____

City/State/Zip: _____

Phone (home): _____ Phone (work): _____

Injured Persons

Name: _____ Date of birth/age: _____

Address: _____

City/State/Zip: _____

Phone (home): _____ Phone (work): _____

Nature of injuries:

Ambulance called: Y ☐ N ☐

Medical services refused: Y ☐ N ☐

Witnesses

Name: _____

Address: _____

City/State/Zip: _____

Phone (home): _____ Phone (work): _____

Their description of incident:

Additional Details: