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Bring on tomorrow<sup>®</sup>

# Accident Reporting Kit



01/16

To report a claim:  
**1-877-399-6442**

## In the event of an accident, immediately:

- Check for personal injury and seek medical attention if necessary
- Set emergency signals to prevent further damage or injury
- Call for Police assistance and request that an accident report be completed
- Use the enclosed Driver's Accident Report to record:
  - > Names, addresses, and phone numbers of the occupants in all vehicles involved in the accident
  - > Names, addresses, and phone numbers of all witnesses

## Do not:

- Leave the scene of the accident
- Drive the vehicle if you feel it is unsafe
- Discuss the accident with anyone except law enforcement authorities, your employer, or AIG

## Do not admit fault

**Please keep a kit in your vehicle at all times.**

## Reporting the accident

As soon as possible, complete the enclosed Driver's Accident Report and report the accident to the Early Notice toll-free number, online at [www.aig.com/reportclaim](http://www.aig.com/reportclaim)\* or the AIG office nearest you.

**See the enclosed Driver's Accident Report insert for the office serving your geographic area.**

When reporting an accident to AIG, please have the following information available:

- Company name
- Vehicle make, model, year, and vehicle identification number (VIN)
- Driver's license number
- Unit number
- Insurance company identification card and policy number
- Your insurance broker or agent name
- Identification of all other parties involved, including witnesses
- Extent of vehicle damage

\*Policy information is required for registration.





## Construction Claims

### Eastern Claims Operations Center

AIG

P.O. BOX 305905 NASHVILLE, TN 37230-5905

(866) 642-5246 FAX: (866) 797-1077

#### States handled:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

## Driver's Accident Report

### Policyholder Information

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

### Accident/Loss

Date and Time of Accident: \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  AM  PM  
 Location of Accident: \_\_\_\_\_  
 \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip Code  
 Description of Accident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Conditions

Weather:  
 Clear  Cloudy  Fog  Rain  
 Sleet  Snow  Other \_\_\_\_\_  
 Speed Limit: \_\_\_\_\_  
 Length of Skid Marks:  
 Your Vehicle: \_\_\_\_\_  
 Other Vehicle: \_\_\_\_\_

### Authority Contacted

Name: \_\_\_\_\_  
 Badge #: \_\_\_\_\_  
 Report #: \_\_\_\_\_  
 Citation Issued?  Yes  No  
 If So, Against Whom: \_\_\_\_\_

### Insured Vehicle

VIN: \_\_\_\_\_ Year: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
 Driver's Name: \_\_\_\_\_  
 Driver's Lic. #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Description of Damage: \_\_\_\_\_  
 \_\_\_\_\_  
 Description of Injuries: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Injured

Was anyone taken to a hospital by an ambulance?  Yes  No

Name	Address	Phone	Pedestrian	Insured Vehicle	Other Vehicle	Extent of Injuries

### Witnesses, Including Passengers

Name	Address	Phone	Insured Vehicle	Other Vehicle	Other (Specify)

### Property Damage/Other Vehicle

Description of Property: \_\_\_\_\_  
 \_\_\_\_\_  
 If Auto – Year, Make, Model, Plate #: \_\_\_\_\_  
 \_\_\_\_\_  
 Driver's Name: \_\_\_\_\_  
 Driver's Lic. #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Owner's Name & Address, if Different Than Driver:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Description of Damage: \_\_\_\_\_  
 \_\_\_\_\_  
 Description of Injuries: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_