WHEN YOU HAVE AN ACCIDENT

DO IMMEDIATELY:

1. Check for personal injury and seek medical attention, if necessary.
2. Set emergency signals to prevent further damage or injury.
3. Secure police assistance and request that an accident report be completed.
4. Complete the **ACCIDENT REPORT** form provided in this document.
5. Contact your employer.

DO NOT:

- **Do not** admit fault if you are not truly at fault.
- **Do not** leave the scene of the accident.
- **Do not** drive your vehicle if you feel it is unsafe.
- **Do not** drive your vehicle if you are physically incapable of driving safely.
- **Do not** discuss the accident with anyone except law enforcement authorities, your employer or a claims adjuster from York Claims Service, Inc.

USE THIS SPACE TO RECORD ADDITIONAL NOTES PERTAINING TO THE ACCIDENT.

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

AIG PROGRAMS 200 STATE STREET BOSTON MA 02109

AIG PROGRAMS

Providing risk management and loss control solutions for today's businesses.

Keep this **Accident Report** in your vehicle glove box at all times. Additional forms are available from your fleet supervisor.

*This **Accident Report** is provided as a service by AIG Programs, which manages products and services offered through American International Group, Inc. (AIG), the leading U.S.-based international insurance organization.*

POLICYHOLDER INFORMATION

Name of Driver

Driver License #

Company Name

Company's Commercial Auto Insurance Policy #

ACCIDENT/LOSS

Date of Accident Time of Accident

Location of Accident – Street

City State

Describe Accident: ______________________________

____

____

____

CONDITIONS

WEATHER

☐ Clear ☐ Cloudy ☐ Fog ☐ Rain

☐ Sleet ☐ Snow ☐ Other______________

PAVEMENT

☐ Asphalt ☐ Steel ☐ Concrete ☐ Gravel/Dirt

☐ Wood ☐ Brick/Stone ☐ Other______________

ROAD

☐ Dry ☐ Wet ☐ Icy ☐ Potholes

☐ Other______________________________

TRAFFIC CONTROL

☐ Traffic Light ☐ Stop Sign ☐ Railroad ☐ No Control

☐ No Intersection ☐ Yield Sign ☐ Other______________

AUTHORITY CONTACTED

Name of Officer Badge #

Name of Person to Whom Citation Was Issued (if any)

INSURED VEHICLE

VIN/Year/Make/Model

Plate # State

Describe Damage: ______________________________

____

Describe Injuries to Driver: ______________________________

____

OTHER VEHICLE

Year/Make/Model/Plate #/State

Driver Auto Insurance Company Policy #

Name of Driver Driver License #

Address of Driver

City State Zip Code

Phone

Name of Owner (if different from driver)

Address of Owner

City State Zip Code

Describe Damage: ______________________________

____

Describe Injuries to Driver: ______________________________

____

OTHER PERSONS INJURED

Name

☐ Other ☐ Passenger in Insured Vehicle ☐ Passenger in Other Vehicle

Address Phone

City State Zip Code

Extent of Injury

OTHER PERSONS INJURED, continued

Name

☐ Other ☐ Passenger in Insured Vehicle ☐ Passenger in Other Vehicle

Address Phone

City State Zip Code

Extent of Injury

WITNESSES

Name

☐ Other ☐ Passenger in Insured Vehicle ☐ Passenger in Other Vehicle

Address Phone

City State Zip Code

Name

☐ Other ☐ Passenger in Insured Vehicle ☐ Passenger in Other Vehicle

Address Phone

City State Zip Code

NOTE: If you need more room, please use the space provided on the back of this form. Be sure to fax that side as well.

FAX THIS ACCIDENT REPORT TO:
Lisa Arguello
Toll-Free Fax 877-927-8439

York Claims Service, Inc.
99 Cherry Hill Road, Parsippany, NJ 07054
Toll-Free Tel 877-927-2255 ext. 215
Email aigprograms@york-claims.com

Keep this form in your vehicle at all times. Additional **Accident Report** forms may be obtained from your fleet supervisor.