

Summary of some of the important steps to help you to better understand the claims process, presuming full coverage is available. Remember, your policy is always the final guide on coverage.

Repairs: We recognize that choosing a repair shop can be difficult. We will suggest a nearby collision repair facility that will fully complete repairs to your vehicle. Each Recommended Vendor uses the most advanced estimating and repair technologies. A digital image of your vehicle and an electronic appraisal are instantaneously transmitted to our office which saves you time. Our shops will stand behind any claim-related repairs for as long as you own the car.

You have the final choice as to where your vehicle is repaired, however you will be responsible for any labor rate and price part differences so please present a copy of our approved estimate to the shop of your choice prior to approving any repairs.

The first step is to get an appraisal. This is performed by a trained professional appraiser or by one of our carefully selected Recommended Vendors. All our appraisals are written using industry acceptable repair standards. Please note that some parts are not expected to last the lifetime of the vehicle and may be subject to depreciation such as batteries, exhaust systems and tires. You may incur a "betterment charge" if you have been placed in a better situation than existed before the accident.

Remember, you should review your appraisal and inspect your vehicle once repairs are completed.

Total losses: Any new car will depreciate the moment it leaves the dealer's lot. Its "Actual Cash Value" is the amount a buyer will pay to buy the vehicle on the open market. If we determine that your vehicle is a total loss your adjuster will contact you immediately and explain the settlement process.

Privacy: In the course of adjusting your claim we will need to collect, use and disclose personal information to confirm information you provide; assess liability, coverage and entitlement to insurance proceeds; negotiate and settle your claim; recover funds, if possible; analyze risk and business needs; and abide by the law and regulations.

Our offices are open to serve you from 8:30 a.m. to 4:30 p.m., Monday to Friday.



8725 W Higgins Rd, Suite 725 Chicago, IL 60631 (847) 916-3200
(847) 737-4460 fax www.myamericanalliance.com

Report of Accident Form - Claimant

Policy Number: _____
Claim Number: _____

In furtherance of your claim seeking benefits pursuant to the American Alliance Casualty Company (AACC) policy of insurance, AACC requests your assistance to complete its claims investigation. Please complete this form and return it to our office. If you have any questions, please call our Claims Department. Thank you for your cooperation.

If you have a copy of the Police Report or Motor Vehicle Report, please attach with your submission.

Contact Information

Name: _____
Address: _____
City, State, Zip: _____
Phone Number(s): Home - _____ Cell - _____
I am the (check all that apply): Owner of the Claimant Vehicle Operator of the Claimant Vehicle

Employment Information

Name of Employer: _____
Address of Employer: _____
Job Title: _____ At time of the accident were you working? yes; no

Your Vehicle

Was the Driver also Owner of the vehicle? yes; no. If not, what is relationship of driver to owner: _____
If not, Name of Driver of Insured Vehicle: _____
Address of Driver: _____

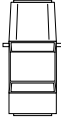



Accident/Loss Information

Date of Accident: _____ Time of Accident: _____ AM/PM
Location (including City) of Accident: _____
Street name and direction of your vehicle: _____
Street name and direction of other vehicle(s): _____
Weather: _____ Road conditions (e.g. dry, wet, icy): _____
Was accident reported to Police yes; no. If yes, Police Report Number: _____
Were tickets issued: yes; no. If yes, who received tickets and describe charges: _____

Witness(es) to Accident (please use additional sheet for other witnesses)

Were there any witnesses to the Accident? yes; no
If so:
Name: _____ Telephone Number: _____
Address: _____

Vehicles Involved in Accident

Your Vehicle			<i>Other Vehicles continued</i>		
Make		<i>Circle Area of Damage</i>	<i>Other Vehicle 2 (Please complete Vehicle 2 below)</i>		
Model			Make		<i>Circle Area of Damage</i> 
			Model		
Year			Year		
Driveable from Scene - <input type="checkbox"/> Yes <input type="checkbox"/> No			Driveable from Scene - <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Other Vehicles</i>					
<i>Other Vehicle 1 (Please complete Vehicle 1 below)</i>			<i>Other Vehicle 3 (Please complete Vehicle 3 below)</i>		
Make		<i>Circle Area of Damage</i>	Make		<i>Circle Area of Damage</i>
Model			Model		
			Year		
Year					
Driveable from Scene - <input type="checkbox"/> Yes <input type="checkbox"/> No			Driveable from Scene - <input type="checkbox"/> Yes <input type="checkbox"/> No		

If your vehicle is **not** driveable, please provide location of vehicle: _____

Injuries

Was anyone injured in Accident? Yes No; If so, please complete below

Name		Name	
Address		Address	
Phone No.		Phone No.	
Occupant in Vehicle No. _____	Pedestrian - <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupant in Vehicle No. _____	Pedestrian - <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Injuries		Describe Injuries	
Name		Name	
Address		Address	
Phone No.		Phone No.	
Describe Injuries		Describe Injuries	
Occupant in Vehicle No. _____	Pedestrian - <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupant in Vehicle No. _____	Pedestrian - <input type="checkbox"/> Yes <input type="checkbox"/> No

Storage Addendum

It is our understanding that your vehicle been involved in an accident. It is in your best interest to contact your adjuster immediately if you have not already made arrangements with us.

Should additional expenses arise as a result of your vehicle being at its present location (ie storage charges, difference in labor, parts, removal of salvage, etc.) please be advised that you may be responsible for those expenses.

In the event that you wish to move your vehicle at a later date, you may be responsible for any and all storage charges.

Please contact our office Monday through Friday between the hours of 8:30 a.m. and 4:30 p.m., if you have further inquiries.

PLEASE DISREGARD IF YOUR VEHICLE IS DRIVEABLE.

Es nuestra comprensión de que su vehículo se ha involucrado en un accidente. Está en su mejor interés de contactar a su ajustador de inmediato si todavía no ha hecho arreglos con nosotros.

En caso de que se aumenten gastos adicionales como resultado de la ubicación actual de su vehículo (es decir, cobros de almacenamiento, la diferencia en mano de obra, piezas, la eliminación de salvamento, etc.) le informamos que usted puede ser responsable de esos gastos.

En el caso de que desee mover su vehículo en una fecha posterior, usted puede ser responsable por cualquier y el total de los gastos de almacenamiento.

Por favor, póngase en contacto con nuestra oficina, de lunes a viernes entre las 8:30 a.m. and 4:30 p.m pm si tiene más preguntas.

POR FAVOR IGNORE ESTA CARTA SI SU VEHÍCULO SE ENCUENTRA MANEJABLE.

Rental Reimbursement Notice

Please be advised our company has a rental reimbursement agreement with Enterprise for a rate of \$26.99 per day.

If rental is approved for your claim, you are to submit a copy of the paid invoice to our office via email, mail or fax

Attn: (claim number)

To access this rate provide code number: **AA71501** to any Enterprise facility.

Le notificamos que nuestra compañía tiene un acuerdo con Enterprise por una tarifa de \$26.99 por día. Si el alquiler de vehículo es aprobado en su reclamo, necesita enviar una copia de la factura pagada a nuestra oficina por correo o fax

Atención: (numero de reclamo)

Para tener el acceso a esta tarifa provea el código: **AA71501** a cualquier facilidad de Enterprise