

**Report of Accident Form - Insured**

Policy Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

In furtherance of our obligations under the applicable policy of insurance, American Alliance Casualty Company (AACC) requests your assistance to complete its claims investigation. Please complete this form and return it to our office within the next **10 business days**. If you have any questions, please call our Claims Department. Failure to complete and return this form may result in the denial of any claim seeking coverage under the policy. Your policy requires that until you are notified that all claims/lawsuit relating to this matter have been concluded, that you must report any change in address or phone number to AACC in writing at the above address within 14 days of the change. 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: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ months \_\_\_\_\_ years

Phone Number(s): Home - \_\_\_\_\_ Cell - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I am the (check all that apply):  Owner of the Insured Vehicle  Operator of the Insured 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 the Owner of the vehicle involved in the accident?  yes;  no

If no, Name of Driver of Insured Vehicle: \_\_\_\_\_

Address of Driver: \_\_\_\_\_

How long has Driver lived at this address: \_\_\_\_\_ months \_\_\_\_\_ years

What is relationship of driver to owner: \_\_\_\_\_

If no, did the Driver have permission to operate the vehicle at the time of the accident?  yes;  no

How often does Driver operate Insured Vehicle? \_\_\_\_\_

**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): \_\_\_\_\_



**Other Drivers Involved in the Accident** (please use additional sheet for other witnesses)

**Other Vehicle 1**

Name of Driver: \_\_\_\_\_  
 Address of Driver: \_\_\_\_\_  
 Telephone No. of Driver: \_\_\_\_\_ Insurer: \_\_\_\_\_  
 Name of Owner (if Different); \_\_\_ Same as Driver: \_\_\_\_\_  
 Address of Owner: \_\_\_\_\_  
 Telephone Number of Owner: \_\_\_\_\_

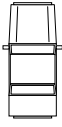
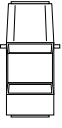
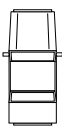

**Other Vehicle 2**

Name of Driver: \_\_\_\_\_  
 Address of Driver: \_\_\_\_\_  
 Telephone No. of Driver: \_\_\_\_\_ Insurer: \_\_\_\_\_  
 Name of Owner (if Different); \_\_\_ Same as Driver: \_\_\_\_\_  
 Address of Owner: \_\_\_\_\_  
 Telephone Number of Owner: \_\_\_\_\_

**Other Vehicle 3**

Name of Driver: \_\_\_\_\_  
 Address of Driver: \_\_\_\_\_  
 Telephone No. of Driver: \_\_\_\_\_ Insurer: \_\_\_\_\_  
 Name of Owner (if Different); \_\_\_ Same as Driver: \_\_\_\_\_  
 Address of Owner: \_\_\_\_\_  
 Telephone Number of Owner: \_\_\_\_\_

**Vehicles Involved in Accident**

Your Vehicle			Other Vehicles continued		
Make		Circle Area of Damage 	Other Vehicle 2 (Please complete Vehicle 2 above)		
Model			Make		Circle Area of Damage 
Year			Model		
		Year			
Driveable from Scene - ___ Yes ___ No			Driveable from Scene - ___ Yes ___ No		
Other Vehicles					
Other Vehicle 1 (Please complete Vehicle 1 above)			Other Vehicle 3 (Please complete Vehicle 3 above)		
Make		Circle Area of Damage 	Make		Circle Area of Damage 
Model			Model		
Year			Year		
Driveable from Scene - ___ Yes ___ No			Driveable from Scene - ___ Yes ___ No		

### 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 - ___ Yes ___ No	Occupant in Vehicle No. _____	Pedestrian - ___ Yes ___ No
Describe Injuries		Describe Injuries	
Name		Name	
Address		Address	
Phone No.		Phone No.	
Describe Injuries		Describe Injuries	
Occupant in Vehicle No. _____	Pedestrian - ___ Yes ___ No	Occupant in Vehicle No. _____	Pedestrian - ___ Yes ___ No

**Acknowledgement.** I have reviewed the above questions, and the answers that I have provided are true and correct. I acknowledge my obligation of cooperation throughout the claims and/or litigation process under the terms of the policy of insurance with American Alliance Casualty Company (AACC), and agree to cooperate with any agents of AACC as well as any Attorneys retained to represent me by AACC. I agree that until advised that all claims for this accident have been concluded, that I will provide written notice of any change of address or phone number within 14 days of any change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **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 the undersigned Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m., if you have further inquiries.

**PLEASE DISREGARD THIS LETTER 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 el ajustador, de lunes a viernes entre las 8:00 am y 5:00 pm si tiene más preguntas.

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