

ONEBEACON COMMERCIAL 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 company vehicle. We recommend that you place a copy of this form in each vehicle in your corporate fleet, after completing the Customer Information and Vehicle Information sections.

► **PLEASE NOTE:** Report all accidents to OneBeacon. The OneBeacon Claims Service Center is open for claim intake 24/7. For more efficient service, please have the information on this checklist available for your Loss Representative. To report a claim, call 1.877.248.3455

CUSTOMER INFORMATION

Policy #: _____
 OneBeacon Insured: _____
 Address: _____
 City/State/Zip: _____
 Contact: _____
 Contact Telephone: _____
 Alternate Telephone: _____
 Nature of Customer's Business: _____
 Agent's Name: _____
 Agent's Telephone: _____

VEHICLE INFORMATION

Make of Vehicle: _____ Year: _____
 Serial # (VIN): _____
 Registration/plate #: _____
 If Fleet Vehicle, Operator's Name: _____
 Vehicle Operator: _____
 Name: _____
 Date of Birth: _____
 Address: _____
 License Number: _____

► **NOTE:** The vehicle operator should complete the rest of the form if they have an accident while driving a company vehicle.

Passenger(s)

Name: _____
 Address: _____
 City/State/Zip: _____
 Telephone (home): _____
 Telephone (work): _____
 Name: _____
 Address: _____
 City/State/Zip: _____
 Telephone (home): _____
 Telephone (work): _____

Accident Information

Date Accident Occurred: _____ Hour: _____ a.m. / p.m.
 Where Accident Occurred: _____
 Rate of Speed: _____
 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 concrete dirt/sand metal surface asphalt
 muddy ice/snow gravel wet obstructions (list) _____

Diagram of Accident

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



Road Characteristics:

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

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

IMPORTANT! PHYSICAL DAMAGE INFORMATION

► **Damage to Property/Vehicle of Others**

Registered Owner: _____
Address: _____
City/State/Zip: _____
Telephone (home): _____
Telephone (work): _____
Operator Name: _____
Date of Birth: _____
Address: _____
City/State/Zip: _____
Telephone (home): _____
Telephone (work): _____
Car Year/Make/Model: _____
Vehicle Registration/Plate: _____
Insurance Company: _____
Policy Number: _____
Passenger Name: _____
Description of Damage: _____

► **Passenger(s)**

Name: _____
Address: _____
City/State/Zip: _____
Telephone (home): _____
Telephone (work): _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone (home): _____
Telephone (work): _____

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 a OneBeacon 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. Be sure to get the names and addresses of any passengers as well as any witnesses.
8. Report the accident as quickly as possible to your employer if the vehicle is part of a corporate fleet. They will notify the company's insurance agent or OneBeacon.

► **Injured Persons**

Name: _____
Address: _____
City/State/Zip: _____
Date of birth/age: _____
Telephone (home): _____
Telephone (work): _____
Nature of injuries: _____
Ambulance called: Y / N
Name of Doctor(s)/Hospital(s) Involved: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of birth/age: _____
Telephone (home): _____
Telephone (work): _____
Nature of injuries: _____
Ambulance called: Y / N
Name of Doctor(s)/Hospital(s) Involved: _____

► **Witnesses**

Name: _____
Address: _____
City/State/Zip: _____
Telephone (home): _____
Telephone (work): _____
Their description of incident: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone (home): _____
Telephone (work): _____
Their description of incident: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone (home): _____
Telephone (work): _____
Their description of incident: _____