

Accident Reporting Call Preparation Checklist



Report an accident:

877-836-1555

Call 24 hours a day/7 days a week

Or email:

AlternativeMarketsClaims@gaig.com

When reporting a claim, have this information available:

- Your commercial auto policy number
- Date of loss
- Location of incident
- Description of incident
- Driver information:
 - Name
 - Phone number
- Other involved party information
 - Name
 - Phone number
- Vehicle information
 - VIN
 - Vehicle type
 - Year/make/model
 - Damage description
 - Towed? If so, where?
- Other property damage information (if any)
- Authority that responded to the scene
 - Jurisdiction
 - Phone number
 - Reference number
 - Officer name
- Medical provider information (if any)
- Agent information

Remember to:

- Put a copy of the attached **Commercial Auto Accident Guide** in each insured vehicle. Use it to record accident information.
- **Take photos** of the accident scene when it is safe to do so.
- **Report claims** as soon as possible.

Coverage not available in all states. Coverage features described are summarized. Refer to the actual policy for a full description of applicable terms, conditions, limits and exclusions. Coverage is underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Assurance Company and Great American Insurance Company of New York, authorized insurers in all 50 states and DC. The Great American Insurance Group eagle logo, the Strategic Comp logo and the word marks Great American®, and Great American Insurance Group® are registered service marks of Great American Insurance Company. © 2020 Great American Insurance Company, 301 E. Fourth Street, Cincinnati, OH 45202. All rights reserved. 5533-STC-2 (9/20)



Need to file a commercial Auto claim?

At Strategic Comp, we understand that filing a claim can be upsetting and stressful. That is why we give you multiple ways to report your claim. If you are involved in an accident, please have your policy number and information regarding the accident available and report one of the following ways:

Call our Claim Reporting Hotline

A representative will take a detailed accident report and will forward your information to a claim professional. This service is available 24/7. **877-836-1555**

Email our Claims Team

You can email a copy of the completed accident guide or a detailed account of the accident.

AlternativeMarketsClaims@gaig.com

Please print the attached Accident Guide and keep a copy in each covered vehicle.

4 Accident Conditions *Check applicable conditions*

Air bag deployed

- None Driver side Passenger side Both

Road type

- Limited access Rural road Home off-road Parked
- Urban Road Interstate Loading or un-loading One way
- Intersection Parking lot

Road conditions

- Debris Dry Holes or rut Ice or snow
- Muddy Oily Under repair Wet

Traffic conditions

- Congested Normal Light Stop and go

Traffic controls

- Audible signal Caution: yellow light Merge Officer or flag man
- Crosswalk Railroad crossing Stop sign Traffic light
- Yield None Parking lot

Weather

- Clear Overcast Flooding Fog
- Snow, ice freezing rain Hail or rain Hurricane or tornado

Lighting

- Artificial Night Dawn or dusk Day

Travel directions

- Being passed Moving forward Parking or parked Passing
- Pulling to/from curb Reversing Sitting in traffic Stationary
- Stopping or stopped Turning left or right Parking lot

Journey purpose

- Business Personal To/from work Not applicable

Driver disposition

- Alcohol/drug influence Fatigue or sleep Medical problem Handicapable
- Stress None

Occupants

- Client or customer Employer or colleague Friend, family None

Avoidance maneuver

- Skidded Swerved None

Fold here

5 Individuals Involved

Please collect information for all parties including witnesses, injured parties, passengers, etc. Attach a separate sheet if more than two witnesses.

Witness 1

Check one

- Passenger - your car Passenger - other car Uninvolved witness

Name Age Phone

Home address

City State Zip code

Injury description (if any)

Comments

Witness 2

Check one

- Passenger - your car Passenger - other car Uninvolved witness

Name Age Phone

Home address

City State Zip code

Injury description (if any)

Comments

Fold here

Fold here



Accident Guide



In case of an accident

- Complete the following 5 sections of this form to document important information pertaining to the accident.
- Take photos of the accident scene, as long as it is safe to do so.
- Call our 24/7 claim reporting hotline (877-836-1555) or email our claims team (AlternativeMarketsClaims@gaig.com) immediately to report the accident.

Fold here

Named insured (*company name*)

Commercial auto policy number

1 Your Vehicle

Your name

Phone (H) Phone (W)

Home address

City State Zip code

Drivers license #

Make and model of car

Color Year

License plate #

Vehicle ID# (VIN)

Damaged area

Prior vehicle defects (Y/N)

Injuries sustained by driver

Notes

2 Other Vehicles

Driver name

Phone (H) Phone (W)

Home address

City State Zip code

Drivers license #

Make and model of car

Color Year

License plate #

Vehicle ID# (VIN)

Damaged area

Insurance company

Policy #

Agent's name Phone

Address

City State Zip code

3 Accident Description

Date Time

Accident location

City State Zip code

Intersection

Speed limit Driving speed

Police called? (Y/N)

Officer name

Citation # Citation type

Badge # Report #

Description of accident