AMWINS™

PROGRAM UNDERWRITERS

Welding & Industrial Gas Suppliers
Insurance Program

VEHICLE ACCIDENT REPORT

Date of Accident (Mo/Da/Yr)

Time AM PM

Driver

Name			Age	Division or Department	Position
Business Address	Zip		Business Phone		Was vehicle being used on company business? ☐ Yes ☐ No
Operator's License No.	License Restrictions ☐ Yes ☐ No		If Yes, Indicate		Have you had a previous accident while driving on company business? ☐ Yes ☐ No

Vehicle No. 1

License No.	Year	Make	Body Type	Where Located	No. of Passengers	Est. Repair Cost
Company Owned?		Describe Damages Fully (Parts, type and extent of damage)				
If Privately Owned, Name and Address of Owner (If Company Owned, Equipment No.)					Insurer	

Other Vehicles

Owner Car No. 2		Phone	Owner Car No. 3		Phone
Address	City	Zip	Address	City	Zip
Driver	Age	Phone	Driver	Age	Phone
Address	City	Zip	Address	City	Zip
Driver's License No.	Vehicle License No.		Driver's License No.	Vehicle License No.	
Vehicle Make	Year	Body Type	Vehicle Make	Year	Body Type
Name of Passengers			Name of Passengers		
Repair Cost	Describe Damage		Repair Cost	Describe Damage	
Insurance Company	Policy No.		Insurance Company	Policy No.	

Other Property

What was Damaged?			Repair Cost
Name and Address of Owner	City	Zip	Phone

Injured Parties

Name and Address	Extent of Injury	Age	Veh. 1	Veh. 2	Veh. 3	Ped.

Witnesses

Name	Address	City	Zip	Phone

Other Reports

Police Investigate? ☐ Yes ☐ No	Which Division (Sheriff, WSP, City)	Citation Issued? ☐ Yes ☐ No Issued To ☐ You ☐ Vehicle 2 ☐ Vehicle 3

Location	Or Near Intersection of

City/County	Type of Accident ☐ Front to Rear ☐ Head-On ☐ Parked Car ☐ Pedestrian ☐ Broadside ☐ Sideswipe ☐ Bike – Car ☐ Hit Object

HOW TO REPORT A CLAIM

First Notices Fax:
215.640.5044 or 1.877.746.4651

First Notices E-mail:
wsgchinewclaims@chubb.com

Postal mail:
ATTN: ACE USA Westchester Specialty Group Claims Directory
P.O. Box 5120 Scranton, PA 18505-0550
OR
525 W. Monroe Chicago, IL 60661

Telephone (24/7):
Toll free: 1.800.306.7743
Direct Dial: 312.775.ext#

Fax:
866.635.5688

☐ Straight Road ☐ Hillcrest ☐ One Lane
☐ Curve – R or L ☐ Uphill ☐ One and One-Half Lane
☐ Level ☐ Downhill ☐ Two Lane or Four Lane

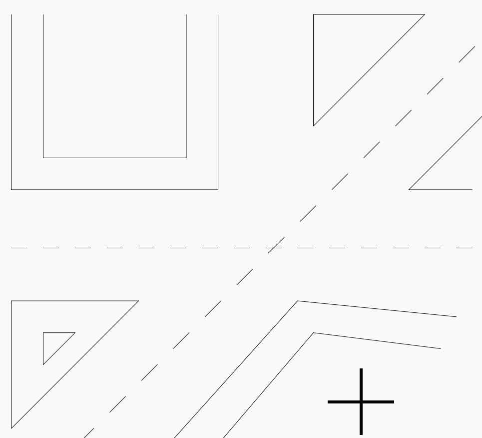
Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.

Sidewalk

Street
Center

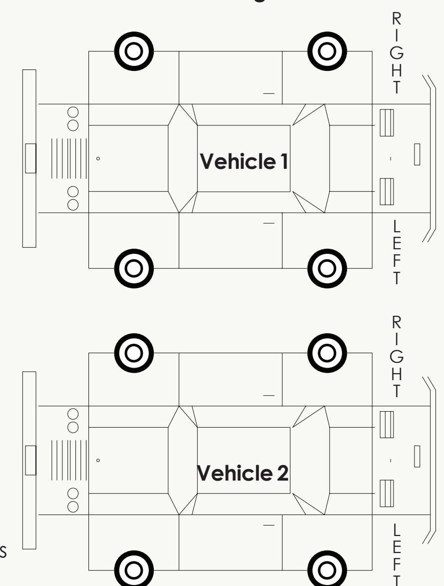
Sidewalk

IMPORTANT
If street or view was obstructed in any way, indicate where and how; also indicate any street car or tracks and traffic signals or signs.



Indicate points of compass
N. E. S. W.

Mark Damaged Areas



Signature (Driver) Date

Signature (Supervisor) Date

PLEASE READ CAREFULLY The information contained in this publication is not intended as a substitute for advice from a safety expert or legal counsel you may retain for your own purposes. It is not intended to supplant any legal duty you may have to provide a safe premises, workplace, product or operation.

08/2018