

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.

Report of Accident Form - Insured

Policy Number: [Policy Number]
Claim Number: [Claim Number]

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: _____ month's _____ 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: _____ month's _____ 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? _____
Is your vehicle ever used for paid ride share services such as Uber, Lyft or a similar ride share service? yes no
If so, provide:
Name of Service: _____ When did you start with this service: _____
Were you driving for this service at the time of loss: yes no

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): _____

Where were you going? _____

What was the purpose of your trip? _____

Describe weather at time of accident: _____

Please describe road conditions (e.g. dry, wet, icy): _____

Was accident reported to Police ___ yes; ___ no If so, were tickets issued ___ yes; ___ no

Police/Agency Report Number: _____

If tickets were issued, who received tickets and describe charges and disposition: _____

Describe how accident happened (please attach police report)

Diagram How Accident Happened

Indicate North by Circling Arrow

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

Were there any witnesses to the Accident? ___ yes; ___ no

If so, provide:

Name: _____

Address: _____

Telephone Number: _____

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		
Driveable from Scene - ___ Yes ___ No		Year		Driveable from Scene - ___ Yes ___ No	
Number of Occupants: _____			Number of Occupants: _____		
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			Number of Occupants: _____		
Number of Occupants: _____					

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 pay any accruing charges and have your vehicle released immediately from any towing and/or storage facility and then have it moved to your residence, body shop or any other place where it will not accrue any additional expenses.

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 8:30 a.m. and 4:30 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 es su mejor interés de pagar cualquier cargo acumulado y mover su vehículo de cualquier remolque y/o facilidad de almacenamiento y trasladarlo a su residencia, taller o cualquier lugar donde no se acumularan gastos adicionales.

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 8:30 am y 4:30 pm si tiene más preguntas.

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