



AMERICAN ALLIANCE
CASUALTY COMPANY

8725 W Higgins Rd, Suite 725 Chicago, IL 60631 (847) 916-3200
www.myamericanalliance.com

Policy Number:
Claim Number:
Date of Loss:

Re: (Status) Investigation of Accident - Claimant

Dear

It has come to our attention that you may have been involved in a motor vehicle collision with one of our Insured's. The delay in resolution of your claim is pending per the following.

The American Alliance Casualty Company wishes to conclude its investigation and resolution of any claims relating to this accident as quickly as possible. Please be advised that we have contacted our client as it relates to your motor vehicle accident, and are diligently working to compile all necessary information. To the end, enclosed please find a report of accident that will assist our investigation. Would you please complete and return in the enclosed self-addressed envelope. Please contact our office to set up your vehicle inspection, if you have not already done so.

Please be advised that any loss must be reported by the insured, insured driver or a party who is authorized to act on behalf of the insured within 30 days of the occurrence, accident or loss. Report can be made by filling out a written report of loss, via phone 847-916-3200 or 24/7 on the company's website www.myamericanalliance.com. The company will accept any one of these options as complying with the provisions of the policy contract. Failure to report the loss to the company in the requisite time window may result in denial of coverage under the provisions of the policy contract.

Kindly note that our investigation does not waive any coverage defenses that may be raised in the future.

In effort to assist you, we have also included a summary of some of the important steps to help you better understand the claims process, presuming coverage is applicable.

We understand the inconvenience that results from any car accident, and pledge to do our best to expedite our review of this matter as quickly and as efficiently as possible. To the extent that you have received any estimates on your vehicle, or have incurred any medical treatment as a result of the accident, please send copies of your records and bills in for our consideration.

Certainly and in the meantime, should you have any questions regarding this matter, please feel free to contact me at my direct number as below.

Very truly yours,

American Alliance Casualty Company

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 - Claimant

Policy Number: _____

Claim Number: _____

In furtherance of your claim seeking benefits pursuant to the American Alliance Casualty Company (AACC) policy of insurance, AACC requests your assistance to complete its claims investigation. Please complete this form and return it to our office. If you have any questions, please call our Claims Department. 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: _____

Phone Number(s): Home - _____ Cell - _____

I am the (check all that apply): Owner of the Claimant Vehicle Operator of the Claimant 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 Owner of the vehicle? yes; no. If not, what is relationship of driver to owner: _____

If not, Name of Driver of Insured Vehicle: _____

Address of Driver: _____

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): _____

Weather: _____ Road conditions (e.g. dry, wet, icy): _____

Was accident reported to Police yes; no. If yes, Police Report Number: _____

Were tickets issued: yes; no. If yes, who received tickets and describe charges: _____

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

Were there any witnesses to the Accident? yes; no

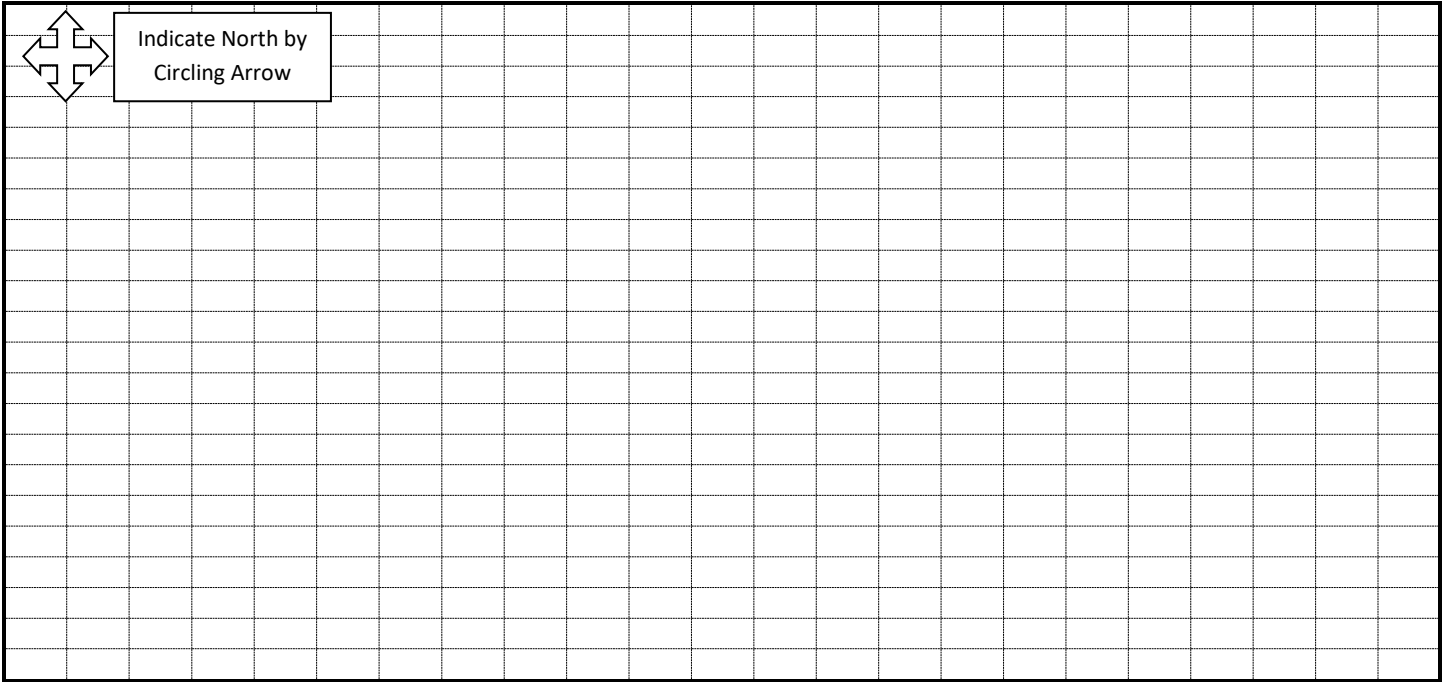
If so:

Name: _____ Telephone Number: _____

Address: _____

Describe how accident happened (please attach police/motorist report)

Diagram How Accident Happened



Indicate North by Circling Arrow

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: _____

Other Vehicle 2

Name of Driver: _____

Address of Driver: _____

Telephone No. of Driver: _____ Insurer: _____



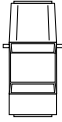

Other Vehicle 3

Name of Driver: _____

Address of Driver: _____

Telephone No. of Driver: _____ Insurer: _____

Vehicles Involved in Accident

| Your Vehicle | | | <i>Other Vehicles continued</i> | | |
|--|--|---|--|--|---|
| Make | | <i>Circle Area of Damage</i> | <i>Other Vehicle 2 (Please complete Vehicle 2 below)</i> | | |
| Model | |  | Make | | <i>Circle Area of Damage</i>  |
| | | | Model | | |
| Year | | | Year | | |
| Driveable from Scene - ____ Yes ____ No | | | Driveable from Scene - ____ Yes ____ No | | |
| <i>Other Vehicles</i> | | | | | |
| <i>Other Vehicle 1 (Please complete Vehicle 1 below)</i> | | | <i>Other Vehicle 3 (Please complete Vehicle 3 below)</i> | | |
| Make | | <i>Circle Area of Damage</i> | Make | | <i>Circle Area of Damage</i> |
| Model | |  | Model | |  |
| | | | Year | | |
| Year | | | | | |
| Driveable from Scene - ____ Yes ____ No | | | Driveable from Scene - ____ Yes ____ No | | |

If your vehicle is **not** driveable, please provide location of vehicle: _____

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 |

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 DRIVABLE.

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.

Rental Reimbursement Notice

Please be advised our company has a rental reimbursement agreement with Hertz for a rate of \$23.99 per day. If rental is approved for your claim, you are to submit a copy of the paid invoice to our office via email, mail or fax Attn: (claim number)

Please note reimbursement will be based on reasonable repair time.

How To Rent A Hertz Car

1. Find the closest Hertz location by visiting www.rent_cars.com type in your address the system will show you the closest location.
2. Call the Hertz location to reserve the car
 - Tell the Hertz representative that you are with American Alliance and need an Insurance Replacement Rental.
 - Provide the American Alliance Discount Number (CDP) **2144219**
 - Provide the Claim Number, Date and Time for pickup.

Le notificamos que nuestra compañía tiene un acuerdo con Hertz por una tarifa de \$23.99 por día. Si el alquiler de vehículo es aprobado en su reclamo, necesita enviar una copia de la factura pagada a nuestra oficina por correo o fax Atención: (número de reclamo) Por favor, tenga en cuenta que el reembolso se basa en el tiempo de reparación razonable

Como Rentar Con Hertz

1. Encuentra la locación de Hertz más cercana visitando www.rent_cars.com escribe tu dirección y el sistema te mostrara la locación más cercana.
2. Llama a Hertz para hacer la reservación
 - Dile al representante de Hertz que esta con American Alliance y necesita un Alquiler de Reemplazo de Seguro
 - Proporcione el número de descuento de American Alliance (CDP) **2144219**
 - Proporcione el Número de Reclamo, la Hora y Fecha de recoger.