



AMERICAN ALLIANCE
CASUALTY COMPANY

PO Box 31670 Chicago, IL 60631 (847) 916-3200

www.myamericanalliance.com

Re: (Status) Investigation of Accident

We have been notified that your vehicle has been involved in a motor vehicle accident.

American Alliance Casualty Company ("the Company") wishes to conclude its investigation of this accident as quickly as possible. Enclosed is our Accident Report Form which we require you to complete and return. If you carry physical damage coverage and wish to make a claim for damages to your vehicle, please contact our office to set up your vehicle inspection, if you have not already done so.

In an effort to streamline the investigation process, we anticipate your full cooperation to resolve this matter as expeditiously as possible. Any failure to assist in the investigation is in violation of your policy of insurance ("the policy"), and may result in denial of any benefit under the policy, including but not limited to any duty of defense or indemnification. Nothing this company, or its agents do in the investigation of this case is intended as a waiver of any of our policy rights or provisions. We reserve the right to raise any defense to coverage should it become known. No estoppel is intended by any action or inaction and no estoppel should be inferred.

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.

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.

Should you have any questions regarding the above, please contact our claims department at the number shown below.

Very truly yours,

American Alliance Casualty Company

(847)916-3200

Part 919 of the Rules of Illinois Department of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division at 122 S. Michigan Ave. 19th Floor Chicago, IL. 60603 and at 320 West Washington Street, Springfield, Illinois 62767

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: _____

Claim Number: _____

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. **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: _____



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			<i>Other Vehicles continued</i>		
Make		<i>Circle Area of Damage</i>	<i>Other Vehicle 2 (Please complete Vehicle 2 above)</i>		
Model			Make		<i>Circle Area of Damage</i>
			Model		
Year			Year		
Driveable from Scene - ___ Yes ___ No			Driveable from Scene - ___ Yes ___ No		
Number of Occupants: _____			Number of Occupants: _____		
<i>Other Vehicle 1 (Please complete Vehicle 1 above)</i>			<i>Other Vehicle 3 (Please complete Vehicle 3 above)</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		
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.