

# At the Scene of the Accident

## Important Things to Remember



### Do...

- Try to keep calm.
- Check for injuries, and get help if needed.
- Set emergency signals to prevent further damage or injury.
- Discuss the incident only with the police.
- Report all losses to us or your broker/agent immediately.
- Use this form to record accident information while the incident is still fresh in your memory; including names, addresses, insurance information of all persons and vehicles involved in the accident.

### Do Not...

- Leave the scene of an accident.
- Admit responsibility or blame anyone else.
- Discuss the scope of your insurance coverage. Provide only required details (ex: name, contact information, etc.).

## About Us

Since 2007, Old Republic Contractors Insurance Group (ORCIG) has become an increasingly important commercial construction insurance market leader, providing quality insurance products and services to select participants in the construction industry. We have expanded our national footprint to provide a high level of specialized underwriting, claims, and loss control services in a professionally competent manner. With offices strategically located in Chicago, Pasadena, New York City, Atlanta, Kansas City, Dallas and San Francisco, we are well positioned to meet customers' specific needs efficiently and effectively.

Our unique business model is designed to provide superior service to customers with a highly specialized, technically skilled and operationally efficient team of construction insurance professionals.

ORCIG is affiliated with Old Republic International Corporation (NYSE: ORI), one of America's 50 largest shareholder-owned insurance businesses.

Insurance contracts are underwritten and issued by one or more of the following: Old Republic General Insurance Corporation is rated A+ (Superior) by AM Best and A+ Stable by Standard and Poor's; and Old Republic Insurance Company, rated A+ by A.M. Best, A2 by Moody's and A+ by Standard and Poor's.



## Reporting Commercial Auto Claims

Dedicated Toll-Free Number  
(800) 406-2137

To report your claims quickly and efficiently, please have the following information ready when you call your toll-free claims reporting services.

### Insured Vehicle Information

Insured Name \_\_\_\_\_  
License No. \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Plate No. \_\_\_\_\_ State \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

### Witnesses

Name \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Name \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Name \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

### Damage to Property (Other than Vehicle)

Owner \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Property Damaged \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Investigating Officer

Name \_\_\_\_\_  
Badge No. \_\_\_\_\_ Dept. \_\_\_\_\_  
Report No. \_\_\_\_\_  
Was a Ticket Issued?  Yes  No  
If Yes, Against Whom?  You  Other Driver

### Other Vehicle Information

Driver's Name \_\_\_\_\_  
Driver's License No. \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Plate No. \_\_\_\_\_ State \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Owner's Name & Address, if Different Than Driver  
\_\_\_\_\_  
\_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy No. \_\_\_\_\_

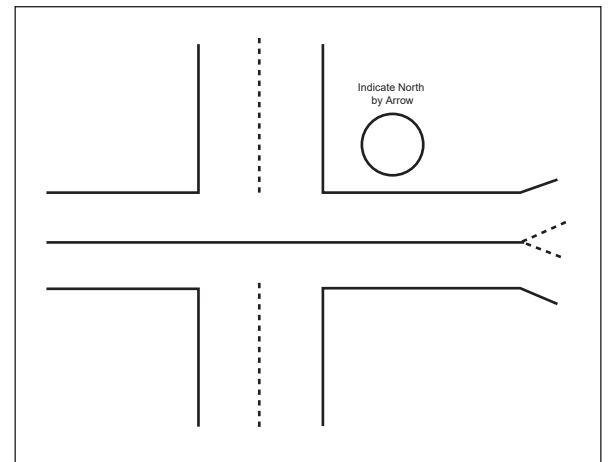
### Injured Person(s)

Name \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Description of Injury \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Injured Person was  Driver  Passenger  Pedestrian  
Name \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Description of Injury \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Injured Person was  Driver  Passenger  Pedestrian

### Accident Details

Date \_\_\_\_\_ Time \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Accident Diagram



### Notes

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