# WHEN YOU HAVE AN ACCIDENT

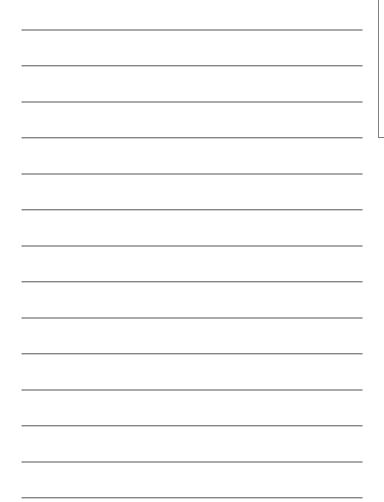
## USE THIS SPACE TO RECORD ADDITIONAL NOTES PERTAINING TO THE ACCIDENT

#### DO IMMEDIATELY:

- 1. Check for personal injury and seek medical attention, if necessary.
- **2.** Set emergency signals to prevent further damage or injury.
- **3.** Secure police assistance and request that an accident report be completed.
- **4.** Complete the **ACCIDENT REPORT** form provided in this document.
- 5. Contact your employer.

#### DO NOT:

- **Do not** admit fault if you are not truly at fault.
- **Do not** leave the scene of the accident.
- **Do not** drive your vehicle if you feel it is unsafe.
- **Do not** drive your vehicle if you are physically incapable of driving safely.
- **Do not** discuss the accident with anyone except law enforcement authorities, your employer or a claims adjuster that is handling your claim on behalf of your policy from Lexington.







#### SCHINNERER FOREST PROGRAM

Victor O. Schinnerer & Company, Inc. In CA dba: Schinnerer Insurance Services



COMPLETE THE
ENCLOSED FORM WHEN
YOU HAVE AN
ACCIDENT.



POLICYHOLDER INFORMATION				
Name of Driver				
Driver License #				
Company Name				
Company's Commercial Auto Insurance Policy #				
ACCIDENT/LOSS				
Date of Accident	Time of Accident			
Location of Accident-Street				
City	State			
Accident Description				
AUTHORITY CONTACTED				
Name of Officer	Badge #			
Name of Person to Whom Cit	cation Was Issued (if any)			

INSURED VEHICLE			
VIN/Year/Make/Model			
Plate #	State		
Damage			
Injuries to Driver <b>OTHE</b>	R VEHIC	CLE	
VIN/Year/Make/Model			
Driver Ins Company		Policy #	
Name of Driver		License #	
Address of Driver			
City	State	Zip	
Phone			
Name of Owner (if different	from driver)		
Address of Owner			
City	State	Zip	
Describe Damage			
Describe Injuries to Driver			
OTHER PE	RSONS I	INJURED	
Name Other Passenger in Insured Vehicle	le		
Address		Phone	
City	State	Zip	

#### OTHER PERSON'S INJURED, CONTINUED

Extent of Injury			
Name			
Address		Phone	
City	State	Zip	
Extent of Injury	WITNESSES	S	
Name			
□ Other □ Passenger i □ Passenger i			
Address		Phone	

NOTE: If you need more room, please use the space provided on the back of this form. Be sure to fax that side as well.

### FAX THIS ACCIDENT REPORT TO:

FAX: (855) 870-7310
Attn: AIG/Lexington Claims Department:
Toll Free Tel (866) 546-8512
VOS.Claims@aig.com

Keep this form in your vehicle at all times. Additional Accident Report Forms may be obtained from your fleet supervisor.