WHEN YOU HAVE AN 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.

USE THIS SPACE TO RECORD ADDITIONAL NOTES PERTAINING TO THE ACCIDENT

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SCHINNERER INSURANCE SERVICES

SCHINNERER FOREST PROGRAM

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

ACCIDENT REPORT

COMPLETE THE ENCLOSED FORM WHEN YOU HAVE AN ACCIDENT.

ACCIDENT REPORT

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 Citation Was Issued (if any)

INSURED VEHICLE

VIN/Year/Make/Model

Plate #　　State

Damage

Injuries to Driver

OTHER VEHICLE

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 PERSONS INJURED

Name

- ☐ Other
- ☐ Passenger in Insured Vehicle
- ☐ Passenger in Other Vehicle

Address　　Phone

City　　State　　Zip

OTHER PERSON'S INJURED, CONTINUED

Extent of Injury

Name

Address　　Phone

City　　State　　Zip

Extent of Injury

WITNESSES

Name

- ☐ Other
- ☐ Passenger in Insured
- ☐ Passenger in Other

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.