



Passenger Vehicle Investigation Kit Checklist

- _____ Employee Statement Form
- _____ Other Driver Statement Form
- _____ Vehicle Accident Form
- _____ Vehicle Accident Guide
- _____ Road Diagram
- _____ Vehicle-Injured Party Form
- _____ Witness Statement Form
- _____ Passenger Auto Diagram
- _____ Claim Activity Log
- _____ Accident Photo Log
- _____ Claim Handling Instructions



Employee Accident Statement

Employee Information

Employee Name: _____ Date of Accident: _____ Time: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
From and to Description: _____
Location of accident: _____
List injuries: _____

Description of Accident

Describe in detail the accident and how it occurred:

USE THE BACK OF THIS FORM IF YOU NEED ADDITIONAL SPACE

I attest that I am over the age of 21, voluntarily gave this statement and it is true to the best of my ability and knowledge.

Signature: _____ Date: _____

Witnessed by: _____ Date: _____



Other Driver Statement Form

Date of accident: _____ Time: _____
Location of accident: _____

Injured Party(s)

Please list all injured party(s):

USE THE BACK OF THIS FORM IF YOU NEED ADDITIONAL SPACE

I attest that I am over the age of 21, voluntarily gave this statement and it is true to the best of my ability and knowledge.

Signature: _____ Date: _____

Witnessed by: _____ Date: _____



Vehicle Accident Information Form

In the event of an accident, fill out the following information.

Date/Time of Accident _____

Accident Location _____

To & From Destination _____

Driver's Name _____

Passenger Name _____

Passenger Name _____

Other Vehicle Driver and contact information _____

Other Vehicle Passenger _____

Other Vehicle Passenger _____

Other Vehicle Owner and contact information _____

Other Vehicle Insurance Company and Policy Number _____

Investigating Officers' Name _____

Department and contact information _____

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In the event of an accident, fill out the following information.

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Accident Location _____

To & From Destination _____

Driver's Name _____

Passenger Name _____

Passenger Name _____

Other Vehicle Driver and contact information _____

Other Vehicle Passenger _____

Other Vehicle Passenger _____

Other Vehicle Owner and contact information _____

Other Vehicle Insurance Company and Policy Number _____

Investigating Officers' Name _____

Department and contact information _____



Vehicle Accident Guide

In case of an accident:

- STOP: Failure to stop is a serious violation. Do not move vehicle until police arrive, unless otherwise required by law.
- PROTECT THE SCENE: Turn on your flashers.
- NOTIFY POLICE: Request help for the injured parties. DO NOT move injured parties unless in immediate danger.
- REPORT the accident to your employer immediately.
- DO NOT make any statements about fault, DO NOT sign anything.
- DO NOT make any promises about payment for damages.
- Provide your name, address, license number and proof of insurance to involved parties and authorities.
- If there are any witnesses ask them to fill out a witness statement form.
- If the vehicle cannot be moved take steps to minimize the damage and prevent theft.
- Take pictures of the damages to vehicles with disposable camera (DO NOT photograph injured parties)
- Provide the completed information and forms to your employer or authorized representative only.

Unattended vehicle

- If you damage property or a vehicle and cannot locate the owner, leave your name, address and telephone number in a conspicuous place.

Medical Treatment

- If emergency care is needed use ambulance transport to the nearest hospital.
- If non-emergency treatment is needed our preferred provider is:

Place a label here _____

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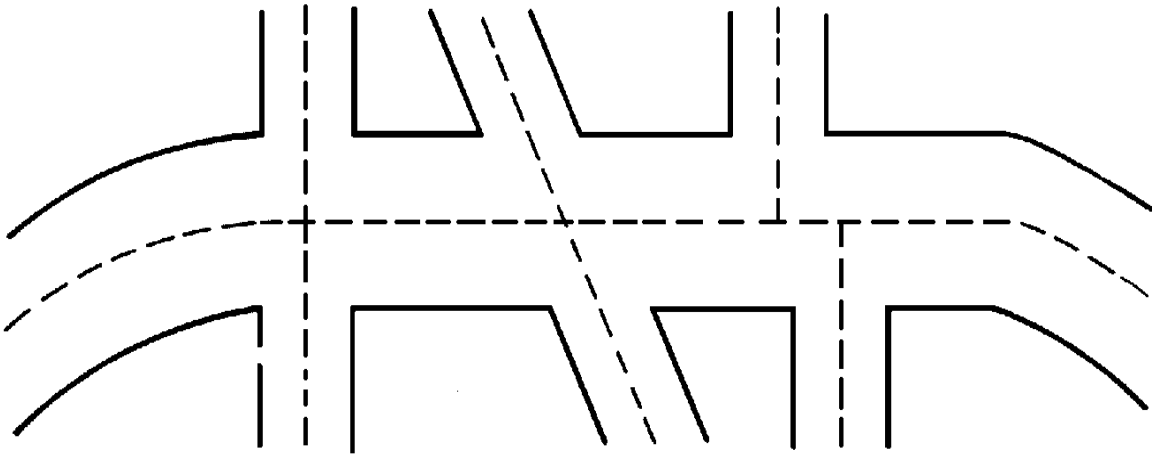
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Road Condition and Accident Description Report





Vehicle/Injured Party Identification Form

Your Vehicle

Make _____ Model _____
Year _____ Plate # _____

Other Vehicles

#1
Make _____ Model _____
Year _____ Plate # _____
Driver's name and address _____

#2
Make _____ Model _____
Year _____ Plate # _____
Driver's name and address _____

#3
Make _____ Model _____
Year _____ Plate # _____
Driver's name and address _____

Injured Parties

Name #1 _____
Address _____

Phone # _____

Name #2 _____
Address _____

Type of Injury _____

Phone # _____

Name #3 _____
Address _____

Type of Injury _____

Phone # _____



Witness Accident Statement

Witness Information

Witness Name: _____ Is witness over 21? Yes: No:

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Location & activity at time of accident: _____

Description of Accident

Describe in detail the accident and how it occurred:

Vehicle Damage: Please describe damage to each vehicle:

Injured Parties:

USE THE BACK OF THIS FORM IF YOU NEED ADDITIONAL SPACE

I attest that I am over the age of 21, voluntarily gave this statement and it is true to the best of my ability and knowledge.

Signature: _____ Date: _____

Witnessed by: _____ Date: _____



Passenger Vehicle Claim Activity Log

Claimant Name:

Reference #: Date of Incident: Claim #:

Table with 4 columns: Date, Time, Contact/Activity, Outcome of Contact/Activity





Vehicle Claim Handling Instructions

In the event someone is injured at your location report all claims by calling _____ on the date of the incident or at least within 24 hours.

Instructions: Initial and date each task as it is completed.

Initials Date

_____ _____ Review accident details with the driver.

_____ _____ Obtain photographs taken by the driver.

_____ _____ Get Case number on police accident report.

_____ _____ Obtain any statements taken at the scene i.e.: your driver other driver and any witnesses.

_____ _____ Complete the automobile worksheet.

_____ _____ Call in the claim.

_____ _____ Hold onto all documents until contacted by the handling adjuster.



Accident Photograph Sheet

Location #:
Incident Location:
Reference #:

Date of Incident:
Injured Party:

Attach photo

Photo Description:

Attach photo

Photo Description:



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Fax: (561) 241-3257

Email: FLclaims@amtrustgroup.com

Information Required for All Claims reported.

1. Name of the insured and policy number
2. Date, Time & Place of Accident
3. Description of accident or incident
4. Name, phone and/or e-mail of person making the report

Additional Information Required for Specific Claim Types

A. For Workers' Compensation

1. MUST have the injured employee's social security number as it is required by law
2. Description of injury

B. For Property Claims

1. Physical address of the loss
2. If more than one building on property must have specific building(s) involved
3. Type of loss, i.e., Fire, Theft, etc.
4. Description of loss or damage

C. For Motor Vehicle (Auto) Claims

1. Name, address and contact information of ALL parties involved.
2. Make, model and VIN of the insured vehicle
3. Make, model of all other vehicles involved
4. Current location of all vehicles
5. Name and contact information for each driver and all passengers
6. Name and contact information any known witnesses

D. For General Liability Claims

1. Physical address of where the loss occurred
2. Name, address and contact information for all persons claiming injury or damage
3. Name and contact information any known witnesses