



ACCIDENT/CLAIM INFORMATION DATA SHEET

As soon as possible, notify **ZURICH Insurance** Claims Department.
AZ & CO- 913-664-3900 NV- 916-859-2470 MN- 847-698-6700
ID, MT, OR, UT, & WY- 425-277-2475

Name of Person filling the Claim: _____ Phone: _____
Date: _____ Claim number: _____

Arnold Machinery Company Policy number: 0128616

BEFORE CALLING THE ZURICH CLAIM CENTER, PLEASE HAVE THE FOLLOWING INFORMATION AVAILABLE:

Associate/Driver <u>NAME</u> & <u>Branch Location</u>:	Year:
Make:	Model:
Vin#:	Number of Vehicles Involved in accident:
Associate/Driver Involved in accident:	Where accident occurred(Road, County & State):
Which Direction you where going (North, South, East, or West):	When accident occurred (<u>Date& Time</u>): Date: _____ Time: _____
Claim Number provided by a UIC Representative:	Police Report number(If Applicable):
Other vehicle(s) information (Year, Make & Model):	Other Driver(s) information(Name & Phone number):
Did Associate/Driver involved in accident have a drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Category: <input type="checkbox"/> Regular, Full Time <input type="checkbox"/> Non-Associate
Accident Type: <input type="checkbox"/> Auto Collision <input type="checkbox"/> In-House property Damage <input type="checkbox"/> Material Handling <input type="checkbox"/> Cargo <input type="checkbox"/> Theft/Vandalism <input type="checkbox"/> Truck or Trailer Damage <input type="checkbox"/> Fire Damage	Injuries: Yes <input type="checkbox"/> No <input type="checkbox"/> All injuries are reported in a separate WC Form

Brief Description of what happened including rough damage and or injury assessment (use back if necessary):



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THIS FORM MUST BE SUBMITTED TO KAYDEN BELL ASAP! cc: to Paul Prieto

Extra Notes: