

INSTRUCTIONS FOR NON-WORKERS COMPENSATION ACCIDENT FORM

Please complete within 24 hours of the loss. When the form is completed, forward it to the claims coordinator for signature and date. Below are some explanations of areas on the form that may need clarification. Please email accident report to IRMA promptly – claims@irmarisk.org or fax all accident reports to (708) 562-0400.

GENERAL INSTRUCTIONS

SECTION I - MEMBER INFORMATION

- ◆ Provide the name of member's contact person and phone number.
- ◆ Employee Name/Home Phone – Give phone number to allow easy contact.

SECTION II - MEMBER PROPERTY DAMAGE

- ◆ Items Damaged – Precise location of damage on the vehicle/equipment (i.e. left front, rear end, right front, etc.). If first Party Property list items damaged.
- ◆ Estimated Cost of Repair – Approximate figure of damages caused to municipal automobile or property, based upon estimate or personal inspection. In the event of an extensive/serious loss, IRMA should be notified immediately. If auto damage exceeds \$3500, IRMA will assign an appraiser to inspect the vehicle.

SECTION III - MEMBER DESCRIPTION OF ACCIDENT

- ◆ Provide detailed explanation, of the accident facts.
- ◆ Does Village anticipate further action by Claimant? – We are trying to assess possibility that claimant will file suit in the future or, if not represented, will retain the services of an attorney. Advise your impression of complaint when first notice of loss is reported. This also helps IRMA decide if this report should be set up as an incident or a formal claim.

SECTION IV - CLAIMANT ACCIDENT INFORMATION (If no injuries, please skip)

- ◆ Nature of Injury/Part of Body – In as much detail as possible, describe injury and specific area of body where party was injured (i.e. right knee, left elbow)
- ◆ What was Injured Person Doing – Describe actions of the injured party that directly relate to why accident occurred and cause of injuries.
- ◆ Where Taken – Name and location of hospital and/or clinic.

SECTION V - CLAIMANT AUTOMOBILE INFORMATION

- ◆ Area of Damage – Please note the exact area on the equipment where the damage occurred (i.e. front lower, upper left corner, etc.). Be specific.
- ◆ Estimate of Damages – Approximate amount of damages caused to claimant property based upon estimate or personal inspection.

(Over)

- ◆ Insurance Company/Policy #/Phone Number – For subrogation and recovery purposes. Please complete if known and/or applicable to loss.

SECTION VI - CLAIMANT NON-AUTO PROPERTY DAMAGE

- ◆ Describe Damaged Property – Describe the type of building and/or structure where accident took place. If not a building, describe type of property damaged.

SECTION VII - WITNESS INFORMATION (If no witnesses, please skip)

Please list names of all persons who were at the scene of accident and/or actually witnessed the accident take place. Use supplemental sheets if necessary.

OTHER COMMENTS AND/OR ADDITIONAL INFORMATION (Optional)

Additional comments that may be important to the investigation. Please be brief.

Example:

- ◆ If represented by Attorney – Give Name, Address & Phone

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