



Gallagher

Insurance | Risk Management | Consulting

COMPONENT NAME: _____

POLICY NUMBER: _____

AUTOMOBILE ACCIDENT PROCEDURE

If an accident involving agency owned or rental vehicle has just occurred, take any emergency actions that are necessary and follow these steps:

1. Call 911 immediately so an official accident report will be prepared. Inform 911 of serious injuries that could require emergency equipment/personnel to be dispatched to the scene.
2. Obtain the following information to complete the Automobile Accident Report.

DEPARTMENT INFORMATION

DEPARTMENT NAME: _____ LOCATION CODE (if applicable): _____

CONTACT PERSON (at location): _____ PHONE: _____ EMAIL: _____

ACCIDENT INFORMATION

DATE/TIME OF INCIDENT: _____ POLICE CONTACTED? YES NO REPORT #: _____

LOCATION OF ACCIDENT: _____ CITY & STATE: _____

DESCRIPTION OF ACCIDENT: _____

INSURED VEHICLE INFORMATION

DRIVER'S NAME: _____ DRIVER'S LICENSE #: _____

ADDRESS: _____ CITY & STATE: _____

HOME PHONE: _____ WORK PHONE: _____

NAME OF DRIVER'S IMMEDIATE SUPERVISOR: _____ PHONE #: _____

VEHICLE YEAR / MAKE / MODEL: _____ PLATE #: _____ VIN: _____

DESCRIBE DAMAGE: _____

PASSENGER NAMES: _____

WAS ANYONE CLAIMING INJURY / WHO: _____ DESCRIBE INJURY COMPLAINTS: _____

OTHER VEHICLE INFORMATION #1

(IF APPLICABLE)

OTHER DRIVER'S NAME: _____ HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____ CITY & STATE: _____

VEHICLE YEAR / MAKE / MODEL: _____ PLATE #: _____ VIN: _____

OTHER VEHICLE INSURANCE COMPANY: _____ POLICY #: _____

DESCRIBE DAMAGE: _____

PASSENGER NAMES: _____

WAS ANYONE CLAIMING INJURY / WHO: _____ DESCRIBE INJURY COMPLAINTS: _____

NOTE: If there are additional vehicles, use a separate page to provide all vehicle information.

WITNESS INFORMATION

(IF APPLICABLE)

WITNESS NAME: _____ EMAIL: _____

ADDRESS: _____ CITY & STATE: _____

HOME PHONE: _____ WORK PHONE: _____

NOTE: If there are additional witnesses, use a separate page to provide all witness contact information.

PLEASE SEND COMPLETED LOSS NOTICE TO:

DANIEL HARPER / TSUS – PHONE: 512-463-6449

EMAIL: daniel.harper@tsus.edu; SEclaims@ajg.com; caitlin_knoll@ajg.com; riskmanagement_ehs@lamar.edu

Arthur J. Gallagher Risk Management Services, Inc.

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