



## Auto Liability Claim Report

Fax: (805) 987-8806  
(see instructions, page 2)

Email: [ReportClaims@CertusClaims.com](mailto:ReportClaims@CertusClaims.com)

Claim       Incident       Record Only

Broker Name:		Today's Date:	
Location Code:	Date & Time of Occurrence:	Person Making Report:	Phone:

### INSURED

Name:	Contact Name:	Email:
Address:	Phone:	Fax:
City / State / Zip:	When Best to Contact:	Other Numbers:

### LOSS

Location:
Description:
Police or Agency Contacted:

### TYPE OF CLAIM

<input type="checkbox"/> Auto Bodily Injury	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Garagekeepers
<input type="checkbox"/> Collision	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> PIP
Non-owned Auto: <input type="checkbox"/> Yes <input type="checkbox"/> No; Describe:	Seat Belts in use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where can vehicle be seen?	VIN:	

## INJURED / PROPERTY DAMAGED

Name:	Home Phone:	Work Phone:
Address:	Person to Contact:	Phone Number:
City / State / Zip:	Social Security Number:	Drivers License:
Employer:	Damage Estimate:	Work Related: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Injury or Damage:	Where Taken:	Fatality: <input type="checkbox"/> Yes <input type="checkbox"/> No

## WITNESSES OR PASSENGERS

Name(s) & Address:	Home Phone:	Work Phone:
Remarks:		

### INSTRUCTIONS

**Coverage:** Automobile Liability covers ownership, maintenance or use of a motor vehicle. Any matter that involves an incident other than described needs to be on a **General Liability Claim Notice** and **not on this form**. If this is a **report only** and needs no follow up by Certus Claims Administration, LLC, so indicate.

**Broker:** This is the person at the company that services your policy. Their names usually appear on the policy Declaration Page, which is attached to the policy and contains a general description of the policy.

**Location Code:** This code is supplied to you by Certus Claims Administration, LLC and is a security feature.

**Reporting Persons:** Complete the top portion with described information.

**Insured:** This is you, your company or organization insured by an insurance policy or self-insured. Make sure to give information on how to contact you during and after business hours.

**Loss:** Any accident event where an automobile is damaged or persons injured in an automobile accident. Also, damage to business or personal property or a pedestrian would be an occurrence. Multiple injuries and property damage are all considered one occurrence. Describe the **exact** location where the accident or incident occurred. The more detail the better. Have the injured party take you to where the matter occurred and have them describe what happened. Attach additional paperwork as needed.

**Type of Liability:** Any damage or injury to persons or property arising out of ownership, maintenance or use of a motor vehicle to third parties are **ABI's** (Auto Bodily Injury) and **APD's** (Auto Property Damage). **Collision** is damage to an owned vehicle caused by striking another object.

**Comprehensive** is damage to your vehicle that is not arising from a collision. Garagekeepers (**CGK**) is damage to a vehicle you are using due to garage operations (like Valet parking). PIP is a no-fault accident.

**Injured/Property damaged:** Self-explanatory. Obtain as much information as possible. It is critical to get age, address and SSN. Other personal information is helpful and should be obtained. Describe other contributing factors. Use additional forms or separate paper for multiple injuries or property damage.

**Witnesses:** We need independent information to verify an occurrence. Witnesses are critical to an investigation. Remember that witnesses do not have to actually witness the incident to be important. They could verify that nothing actually happened or be able to describe the alleged defect or act that is the subject of the report.

**Remarks:** Any comments that will assist the investigator. Stick to the facts and do not editorialize. Reports of problems should be directed to management separately.

### Helpful Tips

- Remember that an injury to a person or damaged property is a heavy emotional experience. Make sure that you are calm and put the person at ease. Make them feel comfortable about talking to you. Do not accuse or sound like you are discounting their credibility. Be sympathetic without admitting any fault. Tell the parties' that the matter is being investigated and that an adjuster will contact them.
- If at all possible, obtain pictures of the scene and vehicles. Take photos even if you are uncertain of the mechanics of the accident. Take pictures even if there appears to be **no damage**. Record the date and person taking the pictures. 35 mm photographs are preferred.
- If the incident or accident involves construction, unusual road conditions, suspected drug or alcohol use, gather as much information as possible. Again, photos of the scene are invaluable to an investigation.
- Take the time to do a thorough report, as it will save time and money. Call Certus Claims Administration, LLC if you need help.

### **Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **Applicable in Arkansas, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania, Tennessee and Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

### **Applicable in California**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

### **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.\*

\* In Florida - Third Degree Felony

### **Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

### **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**

**WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.