

Post Office Box 2348 Cincinnati, OH 45202 Toll-Free 800-297-1971 Fax 877-335-8910 or 513-412-8400 GreatAmericanTrucker.com

Producer Name			Prod	ducer Phone			_ ext
Leasing Company			Pho	ne			
Policy Number			USD	OOT Number			
CAT loss? 🗆 Yes 🗆	No		CAT	Number			
Insured Information							
Name							
Address							
City					Zip		
Residence Phone			Cell/Pa	ger			
Contact Information							·
Name							
Address							
City					Zip		
Business Phone			Cell/Pa	ger			
Accident Information						Yes	No
Date/Time of Accident_				ısly Reported?			
Under dispatch?							
Location of Accident (Inc	clude City and	State)					
Where were you coming	from?						
Where were you going?							
Was there any deviation	s from your n	ormal route?					
Hauling Cargo?							
Type of Cargo?							
Were you under the dire	ction of your	motor carrier?					
Has your motor carrier b	een notified	of this loss?					
Authority Contacted			Report	Report Number			
Violations/Citations			Report	Report Number			
Description of Loss (Use	remarks section	on on page three, if	necessary)				
Collision Deductible							
Unit#	Year	Make	Model	Body	VIN	Plate No.	State
Tractor							
Trailer							
Owner's Name						·	

Accident Information Continued

Address							
City			State		Zip		
Residence Phone			Business Ph	one			
Driver's Name							
Address							
City							
Residence Phone			Business Ph	one			
Relation to Insured (Employee, Family, etc.)	Social Security Number	Date of Birth	CDL License No.	State	Purpose of Use	Used permis Yes	
Describe Damage:							
Estimate Amt			Driveable? Towed?				
Where can vehicle be se	en?						
Where are you taking ve	hicle for repairs? _						
Referred to Rig Ready?							
Considering Rig Ready?							
Reference Number			877-881-4869	Referred to	o Interstar for Towing?		
Referred to Gerber National Glass Service for Windshield? 800-826-8682							
Property Damage (other party)							No
Describe Property (if auto	o, year, make, model,	plate no.)					
Policy Number	Other Veh./F	Other Veh./Property Ins.?					
Company or Agency Name							
Owner's Name							
Address							
City			State		Zip		
Phone			Phone				
Drivers's Name							
Address							
City			State		Zip		
Phone			Phone				
Describe damage							
Estimate							
Where can vehicle be se	en?						
Where are you taking vehicle for repairs?							

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injured						
Name and Address	Phone	Ped.; Ins. Veh.; Other Veh.	Age	Extent of Injury	Fatality	
					Yes	No
Do you have an Occupation	al Accident Policy	with us?				
Policy Number						
Witnesses or Passenger	S					
Name and Address	dress Phone Ped.; Ins. Veh.; Other Veh. Age Extent of Injury		Fatalit	Fatality		
					V	N.
Interpreter needed?					Yes	No
Language					_	
Remarks						
Reported by						