

Accident or Vehicle Damage Report

In Case of Accident or Vehicle Damage

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| <ol style="list-style-type: none"> 1. Immediately after an accident or any physical damage to vehicle, fill out this form. 2. Call the Corporate Claim Center to obtain a Claim Number and a Damage Appraisal Appointment.
(888) 382-0047 (Crawford and Company) 3. Within 24 hours - Mail or fax Original Accident or Vehicle Damage Report to:
Gallagher Bassett Services, Inc.
P.O. Box 214527
Auburn Hills, MI 48321-4527
Phone: (248) 475-0215, Fax: (248) 475-0228 | <ol style="list-style-type: none"> 4. Leave copy of Accident/Damage Report with the vehicle or give to the Damage Appraiser. 5. Keep copy of Accident/Damage Report for your files. 6. All vehicle repairs and paperwork must be completed by a Chrysler Dealer. 7. Advise Chrysler Dealer to invoice:
Company Car Claims Dept.
4300 S. Lapeer Rd.
Orion Twp., MI 48539
Fax: (248) 754-1010 |
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Please contact your local Car Coordinator with all other Program questions (800) 481-6736

Lessee name or assigned vehicle dept.		Check one: <input type="checkbox"/> Employee lease <input type="checkbox"/> Non-owned <input type="checkbox"/> Retiree lease <input type="checkbox"/> M-plate/test <input type="checkbox"/> Pool <input type="checkbox"/> Commercial <input type="checkbox"/> PE <input type="checkbox"/> Other <input type="checkbox"/> Courtesy <input type="checkbox"/> Field/Demo			Corporate claim # J-		
Department name		Division/Location name			Location code		
Person #		Email Address		Work phone # ()		Home phone # ()	
Year	Make	Model	Vehicle ID #		License plate # State		
Vehicle #1	Name of Driver			Date of Birth		Driver's License # / State	
	Address (street)			City	State	Zip	
Accident or Physical Damage Data	Home phone # ()		Work phone # ()		Driver wearing seat belt? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Date of Accident or Damage Time			If driver is a vendor employee, provide vendor name			
Accident Location - Street Address		City	State	Zip			
For what purpose was vehicle being used?						With permission?	
Where may vehicle be seen (address)?							
If vehicle is being/has been repaired, where (name of Chrysler Dealership)?						Approx. amount of damage	
Describe damage							
Police notified? <input type="checkbox"/> YES <input type="checkbox"/> NO		Name of police dept., address, city & state				Police report #	
Vehicle #2	Property owner name, address, phone #						
	Describe damage to property or vehicle						Approx. amount of damage
If vehicle, indicate driver name, address, phone #							
Other Party	Driver license # / state			Vehicle make, year, license #, state			
	Other vehicle insured?			Name of insurance co. and policy #			
Vehicle #3	Property owner name, address, phone #						
	Describe damage to property or vehicle						Approx. amount of damage
If vehicle, indicate driver name, address, phone #							
Other Party	Driver license # / state			Vehicle make, year, license #, state			
	Other vehicle insured?			Name of insurance co. and policy #			

(MUST COMPLETE REVERSE SIDE)

Witnesses	Name	Address	Phone #

Persons injured	SHOW DATA REQUESTED BELOW		passenger insured car	other car	ped	Date of Birth	Wearing safety belt	describe injury
	Name of injured	Social Security #	(check one)					
1	Address of injured							
	Name, address of doctor or hospital							
2	Address of injured							
	Name, address of doctor or hospital							
3	Address of injured							
	Name, address of doctor or hospital							

Describe accident or damage. Indicate any traffic controls present.

Describe Accident or damage.

**Note:

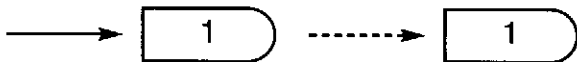
This section must be completed.

COMPLETE THE DIAGRAM AT RIGHT AS FOLLOWS:

1. IDENTIFY TRAFFIC CONTROLS PRESENT
2. IDENTIFY EACH VEHICLE AND SHOW DIRECTION OF TRAVEL



3. USE SOLID LINE TO SHOW PATH OF VEHICLE BEFORE ACCIDENT. DOTTED LINE AFTER ACCIDENT.



4. SHOW MOTORCYCLE OR BICYCLE BY ○ — ○

5. SHOW PEDESTRIAN BY ○

6. SHOW RAILROAD BY + + + + +

7. CLEARLY DESIGNATE POINT OF IMPACT

Signature of lessee or custodian	Date	Signature of driver	Date
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1. FAX FORM TO GALLAGHER BASSETT.
2. LEAVE A COPY OF THIS FORM IN VEHICLE FOR APPRAISER.
3. RETAIN A COPY FOR YOUR RECORDS.