



## ***Claim & Occurrence Reporting Form & Procedures***

**Claims Reporting** -- 'Claims' are those occurrences where a claim is likely to be made against the Entity or its available coverage. Immediate notice using the reporting form is important. This enables the claim to be adequately investigated, fairly evaluated, and promptly settled. Attempt should be made to secure all important information surrounding the loss, however do not hold the report if the information is not readily available.

**Occurrence Reporting** -- 'Occurrences' are those situations that have the potential of becoming a claim. They should be reported even if you are unsure of the potential for the occurrence to evolve into a claim.

Note: The reporting form now requests a police report be submitted with the form. Additional materials, which may aid in handling of the claim, should also be attached to the form.

**First Party Auto Claims** -- If the vehicle is drivable and there appears to be less than \$1,500 in damage, the Entity should supply 2 estimates along with the claim report form. For non-drivable or more severely damaged vehicles, the claims representative may assign an appraiser or have the vehicle moved to a contracted/direct repair shop.

**Claimant Vehicles** -- Please report these to the claims department for investigation and handling.

**Injury, Liability, Police Professional, Etc.** -- Please report these as soon as possible. If there is a concern over coverage, severity of injury, or even whether there was an injury involved, do not hesitate to contact the claims office. Use the claim form to report the information. The claims office will determine coverage and/or whether a claim exists.

**Suit Papers** -- All suits must be reported immediately even if there is a question of coverage. Defense Council has a limited time to answer the complaint therefore we would like notice the same day the suit papers are received.

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**NOTICE OF:**  
 OCCURRENCE  
 CLAIM

**DATE PRINTED**

CLIENT INFORMATION		POLICY INFORMATION					
ENTITY		POLICY NUMBER		POLICY TERM			
ADDRESS		COVERAGES/LIMITS					
CITY	STATE						ZIP
PHONE	COUNTY						
CONTACT PERSON/TITLE		DEDUCTIBLES					
AGENT/PHONE		LIEN HOLDERS/LOSS PAYEES					
OCCURRENCE INFORMATION							
OCCURRENCE DATE	LOCATION [Include City, County, State]			CLIENT NOTIFIED	AGENT NOTIFIED		
DESCRIPTION OF OCCURRENCE							
POLICE/FIRE DEPARTMENT CONTACTED [** Police Report must be attached to this form **]							
CLIENT VEHICLE LOSS INFORMATION							
YEAR/MAKE/MODEL			VIN [Vehicle Identification]				
DRIVERS NAME/ADDRESS				HOME PHONE	WORK PHONE		
DESCRIBE DAMAGE			ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?			
CLIENT PROPERTY LOSS INFORMATION							
LOCATION OF LOSS			KIND OF LOSS	PROBABLE AMOUNT OF ENTIRE LOSS			
DESCRIPTION OF LOSS/DAMAGE							
PROPERTY DAMAGE TO OTHERS							
NAME/ADDRESS				HOME PHONE	WORK PHONE		
DESCRIBE PROPERTY [Year, Make, Model, etc]			OTHER INS.	INSURANCE CO/AGENCY [Include Policy Number]			
DESCRIBE DAMAGE			ESTIMATE AMOUNT	WHERE CAN DAMAGE BE INSPECTED?			
INJURED PARTY – NAME/ADDRESS		PHONE	AGE	OTHER VEH	INSD VEH	PED	TYPE OF INJURY
SUBROGATION – AT FAULT THIRD PARTY[S]							
NAME/ADDRESS			PHONE	INSURANCE CO/AGENCY [Include Policy Number]			
OWNER OF VEHICLE [If different from above]							
REMARKS[S]							
REPORTED BY			REPORTED TO			SIGNATURE	