

To report a claim:
1-877-399-6442

**Accident
Reporting Kit**



American International Group, Inc. (AIG) is a leading global insurance organization. Founded in 1919, today we provide a wide range of property casualty insurance, life insurance, retirement products, mortgage insurance and other financial services to customers in more than 100 countries and jurisdictions. Our diverse offerings include products and services that help businesses and individuals protect their assets, manage risks and provide for retirement security. AIG common stock is listed on the New York Stock Exchange and the Tokyo Stock Exchange.

Additional information about AIG can be found at www.aig.com and www.aig.com/strategyupdate | YouTube: www.youtube.com/aig | Twitter: @AIGinsurance | LinkedIn: www.linkedin.com/company/aig. These references with additional information about AIG have been provided as a convenience, and the information contained on such websites is not incorporated by reference into this profile..

AIG is the marketing name for the worldwide property-casualty, life and retirement, and general insurance operations of American International Group, Inc. For additional information, please visit our website at www.aig.com. All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Products or services may not be available in all countries, and coverage is subject to actual policy language. Non-insurance products and services may be provided by independent third parties. Certain property-casualty coverages may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds, and insureds are therefore not protected by such funds.



In the event of an accident, immediately:

- Check for personal injury and seek medical attention if necessary
- Set emergency signals to prevent further damage or injury
- Call for Police assistance and request that an accident report be completed
- Use the enclosed Driver's Accident Report to record:
 - > Names, addresses, and phone numbers of the occupants in all vehicles involved in the accident
 - > Names, addresses, and phone numbers of all witnesses

Do not:

- Leave the scene of the accident
- Drive the vehicle if you feel it is unsafe
- Discuss the accident with anyone except law enforcement authorities, your employer, or AIG

Do not admit fault

Please keep a kit in your vehicle at all times.

Reporting the accident

As soon as possible, complete the enclosed Driver's Accident Report and report the accident to the Early Notice toll-free number, online at www.aig.com/reportclaim* or the AIG office nearest you.

See the enclosed Driver's Accident Report insert for the office serving your geographic area.

When reporting an accident to AIG, please have the following information available:

- Company name
- Vehicle make, model, year, and vehicle identification number (VIN)
- Driver's license number
- Unit number
- Insurance company identification card and policy number
- Your insurance broker or agent name
- Identification of all other parties involved, including witnesses
- Extent of vehicle damage

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*Policy information is required for registration.



Western Claims Operations Center

AIG

P.O. BOX 25588 SHAWNEE MISSION, KS 66225

(877) 802-5246 FAX: (866) 854-4926

States handled:

Alaska, Arkansas, Arizona, California, Colorado, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Texas, Utah, Virginia, Washington, Wisconsin, Wyoming

Eastern Claims Operations Center

AIG

P.O. BOX 305905 NASHVILLE, TN 37230-5905

(866) 642-5246 FAX: (866) 797-1077

States handled:

Alabama, Connecticut, Florida, Georgia, Massachusetts, Maine, Mississippi, North Carolina, New Hampshire, New York, Rhode Island, South Carolina, Tennessee, Vermont, West Virginia

Driver's Accident Report

Policyholder Information

Company Name: _____

Address: _____

Phone: () _____

Policy #: _____

Effective Date: _____

Expiration Date: _____

Accident/Loss

Date and Time of Accident:

_____/_____/_____ AM PM

Location of Accident:

Street _____

City _____ State _____ Zip Code _____

Description of Accident: _____

Conditions

Weather:

Clear Cloudy Fog Rain

Sleet Snow Other _____

Speed Limit: _____

Length of Skid Marks:

Your Vehicle: _____

Other Vehicle: _____

Authority Contacted

Name: _____

Badge #: _____

Report #: _____

Citation Issued? Yes No

If So, Against Whom: _____

Insured Vehicle

VIN: _____ Year: _____

Make: _____ Model: _____

Plate #: _____ State: _____

Driver's Name: _____

Driver's Lic. #: _____

Address: _____

Phone: () _____

Description of Damage: _____

Description of Injuries: _____

Injured

Was anyone taken to a hospital by an ambulance? Yes No

Name	Address	Phone	Pedestrian	Insured Vehicle	Other Vehicle	Extent of Injuries

Witnesses, Including Passengers

Name	Address	Phone	Insured Vehicle	Other Vehicle	Other (Specify)

Property Damage/Other Vehicle

Description of Property: _____

If Auto – Year, Make, Model, Plate #: _____

Driver's Name: _____

Driver's Lic. #: _____

Address: _____

Phone: () _____

Owner's Name & Address, if Different Than Driver:

Description of Damage: _____

Description of Injuries: _____
