

## MAIL TO:

Administrative Concepts, Inc. P.O. Box 4000 Collegeville, PA 19426-9000

www.acitpa.com

ACE American Insurance Company MOTOR VEHICLE ACCIDENT CLAIM FORM (No Liability is admitted by the society by the issue of this form)

## COMPLETE IN DETAIL TO ENSURE PROMPT HANDLING

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Insured Information										
	Last Name	First N	Vame	M.I.			Policy (o	r certificate) #		
# and S	treet	City/Town		State	·	Zip Coo	de			
Business Address										
		# and Street		Cit	y/Town		State			Zip Code
Home Telephone (	)		Business Telephon	e (	)		Fax (	)		
Trade/ Occupation: (	list all)									
Driver Information										
Name:										
ivanic.		Last Name	First Name		M.I.			D	ate of B	rth
Home Address		# and Street		Cit	y/Town		State			Zip Code
D: 1: "				Cit	•		•			
Drivers License #:		Expiration Da	ite:		Group:			Issuing	State:	
How long has the dri			Is it a learner's perm	nit?	Yes	No 🗌	If YES, da	ite driver pa	issed to	est:
Please detail any prio	or convictions in co	onnection with an	y motor vehicle:							
Was the driver Insure	ed? Yes $\square$	No [	1							
		_	_							
If NO, Was the vehic	cle being driven wi r in the insured's e		nowledge and conse	nt?	Yes ☐ Yes ☐	No No				
was the drive	i iii the insured's e	піріоу?			ies 🗀	NO	Ш			
Does the driver hold	insurance in respec	ct to any other mo	otor vehicle?		Yes	No				
If YES, Please provi	de name and addre	ss of insurers:								
Vehicle Information										
Year: M	ake:		Model:			Regis	tration #:			
Were Goods Carried		Yes 🗌	No 🗌		If YES, number of					
Is vehicle?										
Owner of vehicle: Insurer of vehicle:										
For what purpose wa		Class of vehic	da:		Carrying capacity			Weight	ofloo	d.
Describe damage to		Class of veille	ic.		Carrying capacity	•		Weight	. 01 10a	u.
Repairing facility:	veniere.									
		10.	O't IT		Gr. d		7: 0.1			T. 1. 1. //
Name		and Street	City/Town	CNIO	State	, .	Zip Code			Telephone #
Is vehicle at repairers now? Yes No String If NO, when is it scheduled to arrive there?  Name of Hire Purchase Co., if any:  Approximate amount outstanding:  Date first registered as new:										
Name of Hire Purchase Co., if any:  Approximate amount outstanding:  Date first registered as new:  NOTE: AN ESTIMATE FOR REPAIRS MUST BE SENT AS SOON AS POSSIBLE IF THE DAMAGE IS COVERED BY THE POLICY										
Accident Information										
Date of Accident:			Time:				Place:			
Drivers Speed:			Width of road:				Road and	weather cor	ndition	S.
Was accident reporte	ed to police?	Yes 🗌	No 🗆	Detai	lls of Officer or Stat	ion:	rtoud und	weather con	- Idition	
Other Parties Involved										
Please indicate all persons including passengers in your vehicle who were involved in the accident or sustained injury or damage to property										
Name	Add	ress	Vehicle Make	Da	atails of Injury	Regis	tration #	Insure	er	Damage
									İ	
									Ī	

	Witnesses							
Name	Address							
Full Description of Accident								
Detail any warnings or signals given by all parties								
Sketch Plan								
Please show the position on the road of the If possible, please indicate road signs and	Please show the position on the road of the vehicles at point of impact and indicate direction and track immediately before accident. If possible, please indicate road signs and markings, including pedestrian crossings, relative to importance of roads and direction of nearest towns							
	NOTICES OF PROSECUTION OR OTHER PROCEEDINGS MUST BE FORWARDED I							
BY SIGNING BELOW I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF								
I/We declare that these particulars are true and complete. I/We understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this accident.								
I/We authorize the company to instruct my/our repairers on my/our behalf to undertake such repairs to my/our vehicles as may be agreed.								
Signature of Insured or Authorized Representative		Dated						
Address:								

## **IMPORTANTNOTICE**

Notice of Alabama Claimants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Notice to Alaska Claimants: A person who knowingly and with intent to injure defraud or deceive an insurance company files a claim containing false incomplete.

Notice to Alaska Claimants: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Notice to Arizona Claimants: 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.

Notice to Arkansas Claimants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to California Claimants: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Colorado Claimants: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Notice to District of Columbia Claimants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and / or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Delaware Claimants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Notice to Florida Claimants WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Idaho Claimants: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information, is guilty of a felony. The lack of such a statement shall not constitute a defense against prosecution under this section.

Notice to Indiana Claimants: 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.

Notice to Kentucky Claimants: Any person who knowingly and with intent to defraud any insurance company or other 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

**Notice of Louisiana Claimants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Maine Claimants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to Maryland Claimants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Minnesota Claimants: A person who files a claim with intent to defraud or helps commits a fraud against an insurer is guilty of a crime.

Notice to New Hampshire Claimants: Any person who, with a 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.

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

Notice to New Mexico Claimants: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Notice to New York Claimants Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Ohio Claimants: Any person who, with the intent to defraud or knowing that he 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.

Notice to Oklahoma Claimants: 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.

Notice to Oregon Claimants WARNING: Any person who, knowingly, and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

Notice to Pennsylvania Claimants Fraud Warning: Any person who knowingly, and with intent to defraud any insurance company or other persons files an application for insurance or 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 and subjects such person to criminal and civil penalties.

Notice to Rhode Island Claimants WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice of Tennessee Claimants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Notice to Virginia Claimants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice of Washington Claimants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Notice of West Virginia Claimants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Claimants in all other states: Any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

It is important to note that CHUBB North American Claims and the Accident & Health Division reserves its right to make changes to this language and may require additional fraud warnings incorporated onto the claim forms in the future.