PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE.

RISK MANAGEMENT & INSURANCE OR A CLAIMS REPRESENTATIVE FROM GALLAGHER BASSETT WILL FOLLOW-UP WITH YOU REGARDING THE ACCIDENT.

To report a claim, please email: [tnwclaims@tnwinc.com](mailto:tnwclaims@tnwinc.com) **CC**: [Risk\_Mgmt@Cornell.edu](mailto:Risk_Mgmt@Cornell.edu) Derek\_Fuhrmann@gbtpa.com Tatyana\_Elkina\_Strokocz@gbtpa.com

*Note: Any question with an asterisk (\*) is required information.*

*\*\*You can also telephonically report a claim by calling: 1-866-427-3767\*\**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Client Information | | | | | | | |
| \*GB Client Number | | | 000098 | | | | |
| \*Client Name | | | CORNELL UNIVERSITY | | | | |
| VDN Reporting Number | | | 2202298. | | | | |
| \*Fleet Vehicle Number | | | Enter Number | | | | |
| Pages (including cover) and attachments : | | | Enter Number. | | | | |
| Accident Date, Time & Location | | | | | | | |
| \*Incident Date | | | Enter date. | | \*Incident Time | | Enter Time. | |
| \*Insured Notified Date | | | Enter date. | | | | |
| Location Name | | | Click or tap here to enter text. | | | | |
| \*Street Address | | | Enter Street Address. | | | | |
| \*City | Enter City. | \*State | Choose State. | \*ZIP | | Enter ZIP. | |

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| Department Information | | | | | | | | | |
| \*Department Code | | | | | Enter Location Code. | | | | |
| \*Department Name | | | | | Enter Name. | | | | |
| Building Name | | | | | Click or tap here to enter text. | | | | |
| Street Address | | | | | Enter Street Address. | | | | |
| City | Enter City. | | \*State | Choose State. | | | ZIP | Enter ZIP. | |
| Phone Number | Enter phone #. | | | | |  | | | |
| Submitter Information | | | | | | | | | |
| Name | | | | | Enter Name. | | | | |
| Title | | | | | Enter Title. | | | | |
| Email Address | | | | | Enter Email. | | | | |
| Phone Number | | | | | Enter Phone #. | | | | |
| Incident Information | | | | | | | | | |
| \*Detailed Description of Incident, including any injuries (limit the characters to 250) | | | | | Enter Description. | | | | |
| Additional Information | | | | |  | | | |
| Police | |
| Investigating Office/Agency: | | | | | Enter Name. | | | | |
| Report # | | | | | Enter Name. | | | | |
| Citations Issued: | | | | | Enter Name. | | | | |
| Officer Name/Badge Number | | | | | Enter Name. | | | | |
| If Not Reported, Explain: | | | | | Explain | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Involved Parties *(can add as many as necessary)* | | | | | | | |
| **CORNELL UNIVERSITY DRIVER** | | | |
| \*First Name | | Enter Name. | | | Middle Initial | | Enter Initial. | | |
| \*Last Name | | Enter Name. | | |  | | | | |
| Home Phone | | Enter Phone #. | | | Work Phone/Ext. | | Enter Phone #/Ext. | | |
| Email Address | | Enter Email Address. | | | | | |
| Street Address | | Enter Street Address. | | | | | |
| City | Enter City. | State | | | Choose State. | ZIP | | | Enter ZIP. | | |
| Driver’s License Number | Enter text. | Gender | | | Choose... | | | | | | |
| State | | Enter #. | | | | | |
| Citation Type | | Choose State. | | | | | |
| \*Relationship to Client (employee, spouse, self, customer, unknown, other) | | Enter text. | | | | | |
| Injured? | | Enter text. | | | | | |
| **Other Party Involvement** (Insured vehicle passenger, other vehicle driver, other vehicle passenger, pedestrian) | | | | | | | | | | |
| First Name | | Enter Name. | | | | | |
| Last Name | | Enter Name. | | | Middle Initial | | Enter Initial. | | |
| Injured? | | Enter text. | | | Age | | Enter Age. | | |
| Street Address | | Enter Street Address. | | | | | |
| City | | Enter City. | | | | | |
| Phone | Enter Phone #. | State | | | Choose State. | ZIP | | | Enter ZIP. | | |
| Involvement | Enter text. |  |

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| CU Vehicle | | | | | | | | | |
| \*VIN | Enter #. |  | | | | |  | | |
| \*Year | Enter text. | Vehicle Type | | | | | Enter text. | | |
| \*Make | Enter text. | Body Type | | | | | Enter text. | | |
| \*Model | Enter text. | Color | | | | | Enter text. | | |
| \*Registered State | Choose State. | Plate # | | | | | Enter text. | | |
| \*Damage Description | Enter text. |  | | | | |  | | |
| Estimated Damage | Enter text. | | | | | | | | |
| Third Party Property | | | | | | | | | | Choose... | | |
| Owner First Name | | | | Enter Name. | | | | | |
| Owner Last Name | | | | Enter Name. | | | | Middle Initial | | Enter Initial. | | |
| Street Address | Enter Street Address. | | | | | | | | | | | |
| City | Enter City. | | | | | | | | | | | |
| Phone | Enter Phone #. | | State | | | Choose State. | | | | | ZIP | Enter ZIP. |
| VIN | Enter text. | | | | | | | | | | | |
| Year | Enter text. | | | | Vehicle Type | | | | Enter text. | | | |
| Make | Enter text. | | | | Body Type | | | | Enter text. | | | |
| Model | Enter text. | | | | Color | | | | Enter text. | | | |
| Registered State | Choose State. | | | | Plate # | | | | Enter text. | | | |
| Damage Description | Enter text. | | | | | | | | | | | |
| Estimated Damage | Enter text. | | | | | | | | | | | |
| Insurance Co. Name | Enter text. | | | | | | | | | | | |
| Policy Number | Enter text. | | | | | | | | | | | |
| When/Where Can Be Seen (current location of vehicle) | Enter text. | | | | | | | | | | | |

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| --- | --- | --- |
| Additional Remarks | | Enter text. |
|  | Enter text. |
|  | |
|  | |
| Accident Diagram | |
|  | Please complete a diagram of the accident below:  **IMPORTANT: Show the position of each vehicle or person. Use an arrow to show their direction of travel. If any street or view is obstructed, indicate where and how. Be sure to identify street names and include lane markers and any traffic signals and signs. Show our vehicle as vehicle #1 and the other vehicle as #2** |
|  | |