PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE.

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

Failure to complete the form below completely could result in a delay in the processing and payment of a claim, as well as delays in repairs being reimbursed.

When driving a vehicle on University Business and an accident occurs, this form must be submitted timely.

The University’s automobile insurance covers accidental damage to Cornell’s vehicles and third party bodily injury and property damage, subject to a large deductible. The deductible is what the University must pay before the insurance company is responsible for the claim.

Cornell faculty, staff and students are required to adhere to the **University Policy 3.2 – Use of Cornell Vehicles** when needing to drive on behalf of the University.

If you use your own personal vehicle, it is your responsibility to carry adequate personal insurance coverage for yourself, your vehicle and any passengers as the vehicle owner’s insurance will be primary for any accident and is not reimbursable by the University.

If you are renting a vehicle from an external rental agency, you must verify in the rental agreement that you are including Collision or Loss Damage Waiver (protects against damage to the vehicle you are renting) and Liability Insurance (protects you and the University against claim made by third parties for property damage and/or personal injury. These coverages are included when renting from a Cornell Preferred rental company.

Please refer to the [RMI website](https://www.risk.cornell.edu/insurance/all-risk-program/) for more information.

To report a claim, please email: [tnwclaims@tnwinc.com](mailto:tnwclaims@tnwinc.com) **CC**: **Risk\_Mgmt@Cornell.edu;** [**Derek\_Fuhrmann@gbtpa.com**](mailto:Derek_Fuhrmann@gbtpa.com)**;** [**Ed\_Marunyak@gbtpa.com**](mailto:Ed_Marunyak@gbtpa.com)

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

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

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| 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 INCLUDING Cornell Net ID | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | Enter Name. | | | | | | | | | | | | | |
| Title | | | | | | Enter Title. | | | | | | | | | | | | | |
| Net ID/Email Address | | | | | | Enter Email. | | | | | | | | | | | | | |
| Phone Number | | | | | | Enter Phone #. | | | | | | | | | | | | | |
| Incident Information | | | | | | | | | | | | | | | | | | | |
| \* Detailed Description of Incident - Who/What/When/Where:  (Limit the description field 250 characters) | | | | | | Enter Description. | | | | | | | | | | | | | |
| Witnesses/additional info/  Date of Birth of Injured Person/etc.  Authorities Involved? Please provide 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 | | | | | | | | | | | | | |
| 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/Net ID | | | | | 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? Include body parts and description of injuries | | | | | Enter text. | | | | | Age/Date of Birth | | | | 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** |
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