

MOTOR VEHICLE OR WATERCRAFT INCIDENT REPORT

POLICYHOLDER INFORMATION

POLICYHOLDER NAME		CHARTIS POLICY NUMBER
NAME OF CONTACT (First, Last)	E-MAIL ADDRESS	
PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE <input type="checkbox"/> CELL		

LOCAL/PRIMARY POLICY INFORMATION

NAME OF LOCAL/PRIMARY INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE DATE (M/D/YY): FROM TO
CLAIM ADJUSTER NAME	DATE INCIDENT REPORTED (M/D/YY)	CLAIM NUMBER
CLAIM ADJUSTER E-MAIL ADDRESS	CLAIM ADJUSTER PHONE	

GENERAL INFORMATION

DATE OF INCIDENT (M/D/YY)	TIME OF INCIDENT	<input type="checkbox"/> AM <input type="checkbox"/> PM	
LOCATION OF INCIDENT	CITY, COUNTRY		
DESCRIPTION OF EXCURSION/ACTIVITY			
VEHICLE/VESSEL MAKE	MODEL	YEAR	LICENSE PLATE NUMBER
DRIVER NAME (First, Last)	DRIVER LICENSE NUMBER	COUNTRY OF ISSUANCE	
DRIVER E-MAIL ADDRESS	DRIVER PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE <input type="checkbox"/> CELL		
DRIVER ADDRESS (STREET, CITY, COUNTRY)			
OWNER OF VEHICLE/VESSEL NAME (First, Last)	OWNER LICENSE NUMBER	COUNTRY OF ISSUANCE	
OWNER E-MAIL ADDRESS	OWNER PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE <input type="checkbox"/> CELL		
OWNER ADDRESS (STREET, CITY, COUNTRY)			

DETAILS OF INCIDENT

DESCRIBE WEATHER CONDITION OR ROADWAY AT TIME OF INCIDENT			
WAS INTERSECTION CONTROLLED BY A TRAFFIC CONTROL DEVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WERE AUTHORITIES CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO?	WAS A REPORT NUMBER GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO REPORT NUMBER:		
WAS ANOTHER VEHICLE/VESSEL INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PROVIDE BELOW DETAILS FOR OTHER VEHICLE/VESSEL, DRIVER, AND OWNER. ATTACH ADDITIONAL SHEET IF NECESSARY)			
VEHICLE/VESSEL MAKE	MODEL	YEAR	LICENSE PLATE NUMBER
DRIVER NAME (First, Last)	DRIVER LICENSE NUMBER	COUNTRY OF ISSUANCE	
DRIVER E-MAIL ADDRESS	DRIVER PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE <input type="checkbox"/> CELL		
DRIVER ADDRESS (STREET ADDRESS, CITY, COUNTRY)			
OWNER OF VEHICLE/VESSEL (First, Last)	OWNER LICENSE NUMBER	COUNTRY OF ISSUANCE	
OWNER E-MAIL ADDRESS	OWNER PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE <input type="checkbox"/> CELL		
OWNER ADDRESS (STREET, CITY, COUNTRY)			

DESCRIPTION OF INCIDENT**ACCOUNT OF THE INCIDENT:**

(PROVIDE A DIAGRAM OF INCIDENT AND ATTACH ADDITIONAL SHEET IF NECESSARY)

(DESCRIPTION MUST BE PROVIDED BY THE EXCURSION LEADER OR TOUR OPERATOR REPRESENTATIVE PRESENT AT TIME OF INCIDENT)

INJURY INFORMATION

WAS ANYONE INJURED? YES NO IF YES, PLEASE DESCRIBE:

(PROVIDE CONTACT INFORMATION FOR ALL INJURED PARTIES BELOW OR ATTACH ADDITIONAL SHEET IF NECESSARY)

WAS FIRST AID OR INITIAL MEDICAL ATTENTION PROVIDED? YES NO IF YES, PLEASE DESCRIBE:

WAS TREATMENT RENDERED AT HOSPITAL OR MEDICAL FACILITY? YES NO IF YES, PROVIDE THE FOLLOWING:

NAME OF HOSPITAL/MEDICAL FACILITY:

STREET ADDRESS:

WAS PROPERTY DAMAGED IN THIS INCIDENT? YES NO IF YES, PLEASE DESCRIBE (TYPE, MAKE, MODEL, ETC):

CONTACT INFORMATION FOR WITNESSES/OCCUPANTS OF VEHICLES/VESSELS

NAME (First, Last)	ADDRESS	PHONE	E-MAIL ADDRESS	INJURED
<input type="checkbox"/> OCCUPANT <input type="checkbox"/> WITNESS				<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> OCCUPANT <input type="checkbox"/> WITNESS				<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> OCCUPANT <input type="checkbox"/> WITNESS				<input type="checkbox"/> YES <input type="checkbox"/> NO

PROVIDE CONTACT INFORMATION FOR ALL WITNESSES AND OCCUPANTS OF VEHICLES/VESSELS

ATTACH ADDITIONAL SHEET IF NECESSARY

IT IS MANDATORY FOR THE EXCURSION LEADER OR TOUR OPERATOR REPRESENTATIVE TO PROVIDE A WITNESS STATEMENT EVEN IF NOT AN EYE WITNESS TO THE INCIDENT

SIGNATURE	REPORTED BY (First, Last)	DATE REPORTED (M/D/YY)
-----------	---------------------------	------------------------