

# Claims Reporting Kit



SIAW provides claims management services to its members through Clear Risk Solutions. This packet provides members a direct and efficient way to report accidents and losses. We request that members adhere to the following guidelines to assist our claims department in delivering a quick and economic settlement to your claim. **Please report all accidents, regardless of the degree of injury or damage.** This can help us determine whether any of our risk management services may be beneficial in preventing similar, future losses.



Record all relevant facts related to the loss, including but not limited to personal information of individuals involved, circumstances leading to the event, records of responses taken, and so on. If possible, save all broken or damaged equipment involved.



If possible, take photos documenting the loss.



**Please do not admit responsibility or agree to pay for damages.**

## SIAW MEMBERS

Your membership in the SIAW program requires ALL accidents and losses be reported, regardless of size, as soon as possible, to your insurance broker and/or Clear Risk Solutions.

If the accident or loss results in serious injury, fatality, and/or extensive damage, contact your broker or Clear Risk Solutions immediately at **(800) 407-2027**, and follow any instructions given to you.

# Reporting Instructions

## REPORT ALL CLAIMS

### Contact your Broker or:

**Email:** [claims@chooseclear.com](mailto:claims@chooseclear.com)  
**Phone Toll Free:** (800) 407-2027  
**Fax:** (509) 754-3406

**Mail:**  
Clear Risk Solutions  
159 Basin Street SW PMB #206  
Ephrata, WA 98823

**Bodily Injury or Property Damage** - SIAW recommends that its members complete an accident report form, follow any and all appropriate first-aid procedures, and collect the following information:

Names and contact information of anyone (employee, volunteer, customer, etc.) who witnessed the accident, was supervising the activity, or who was otherwise directly or indirectly involved.

Signed and dated statements from all identified witnesses/participants.

Preserve any broken or damaged equipment related in the accident. If possible, also preserve the site of the accident – block access with cones, tape, signs, etc.

**Reporting Lawsuits or Written Demand** - If served with a summons and complaint and/or demand, please forward a copy **immediately** to Clear Risk Solutions via one of the following methods for coverage evaluation. Once sent, call to confirm Clear Risk Solutions' receipt of the summons and complaint. A copy should also be sent to your broker, and a copy should be retained for your files. Remember, **do not admit responsibility or agree to pay for damages.**

Email to: [claims@chooseclear.com](mailto:claims@chooseclear.com); or

Fax to: (509) 754-3406; Attention: Claims Department; or

Express Mail: Clear Risk Solutions, 159 Basin Street SW PMB #206, Ephrata, WA 98823

If you do not have access to a loss notice form or report, the following forms will offer members specific instructions for reporting the following lines of coverage:

**Form A: General Liability** (Bodily Injury or Property Damage to Others)

Record all details of accident and names of witnesses.

Save all property damaged in the accident.

Forward report to administrator or designee.

Do not admit responsibility or agree to pay damages.

**Form B: Property Losses**

Record all relevant information and take photos.

Take steps to prevent additional damage and secure area/close off from use.

Forward report to administrator or designee.

Do not admit responsibility or agree to pay damages.

**Form C: Automobile Losses**

Prior to a loss, each vehicle should be provided with a vehicle accident report form (Form C). If one is not accessible at the time of loss, the form should be filled out as soon as possible after the loss to capture as much information as possible.

Employees operating vehicles must complete Form C or an appropriate equivalent at the time of the loss.

Forward accident report to administrator or designee.

Do not admit responsibility or agree to pay damages.

**PLEASE REVIEW THESE INSTRUCTIONS WITH YOUR STAFF AND  
ADVISE THEM OF THE REPORTING REQUIREMENTS**

**Clear Risk Solutions**  
159 Basin Street SW  
PMB #206  
Ephrata, WA 98823

**Toll Free:** (800) 407-2027  
**Fax:** (509) 754-3406  
claims@choosclear.com

DATE FORM COMPLETED

DATE AND TIME OF LOSS

AM/PM

**Member Name/Organization** \_\_\_\_\_

**Primary Contact** \_\_\_\_\_ **Primary Contact Phone** \_\_\_\_\_ **Member Business Phone** \_\_\_\_\_

**LOSS**

LOCATION OF INCIDENT

DESCRIPTION OF INCIDENT

**BODILY INJURY**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

OCCUPATION \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

OCCUPATION \_\_\_\_\_

DESCRIBE INJURY/INJURIES

**PROPERTY DAMAGE**

DESCRIBE PROPERTY AND LOCATION

DESCRIBE THE DAMAGE

ESTIMATED AMOUNT OF LOSS

\$

**WITNESS 1**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

REMARKS

**WITNESS 2**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

REMARKS

\*Provide additional witness information separately.

**Reported By** \_\_\_\_\_

**Phone** \_\_\_\_\_

Please send original form to your broker and retain a copy for your records.

**Clear Risk Solutions**  
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PMB #206  
Ephrata, WA 98823

**Toll Free:** (800) 407-2027  
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claims@chooseclear.com

DATE FORM COMPLETED

DATE AND TIME OF LOSS

AM/PM

**Member Name/Organization** \_\_\_\_\_

**Primary Contact** \_\_\_\_\_ **Primary Contact Phone** \_\_\_\_\_ **Member Business Phone** \_\_\_\_\_

**LOSS**

LOCATION OF LOSS

---

THE POLICE OR FIRE DEPARTMENT THE LOSS WAS REPORTED TO

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KIND OF LOSS (FIRE, WIND, EXPLOSION, ETC.)

PROBABLE AMOUNT OF LOSS

\$

DESCRIPTION OF LOSS AND DAMAGE

REMARKS

**Reported By** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Clear Risk Solutions** Toll Free: (800) 407-2027  
159 Basin Street SW Fax: (509) 754-3406  
PMB #206 claims@chooseclear.com  
Ephrata, WA 98823

DATE FORM COMPLETED

DATE AND TIME OF LOSS

AM/PM

Member Name/Organization \_\_\_\_\_

Primary Contact \_\_\_\_\_ Primary Contact Phone \_\_\_\_\_ Member Business Phone \_\_\_\_\_

**LOSS**

LOCATION OF ACCIDENT

DESCRIPTION OF ACCIDENT

\_\_\_\_\_

**INSURED VEHICLE**

VEHICLE NO. YEAR MAKE MODEL VEHICLE IDENTIFICATION NUMBER

\_\_\_\_\_

**VEHICLE OWNER**

NAME

ADDRESS

CITY STATE ZIP

PHONE

**DRIVER**

NAME

DATE OF BIRTH

ADDRESS

CITY STATE ZIP

BUSINESS PHONE

ALTERNATE PHONE

DESCRIBE THE DAMAGE

ESTIMATED AMOUNT OF LOSS

\_\_\_\_\_

\$

**PROPERTY DAMAGE**

PROPERTY OWNER'S NAME

ADDRESS

CITY STATE ZIP

PHONE

**OTHER DRIVER**

NAME

DATE OF BIRTH

ADDRESS

CITY STATE ZIP

BUSINESS PHONE

ALTERNATE PHONE

DESCRIBE THE DAMAGE

ESTIMATED AMOUNT OF LOSS

\_\_\_\_\_

\$

**INJURED PERSON**

FIRST NAME

LAST NAME

ADDRESS

CITY STATE ZIP

CELL PHONE

ALTERNATE PHONE

EXTENT OF INJURY

**INJURED PERSON**

FIRST NAME

LAST NAME

ADDRESS

CITY STATE ZIP

CELL PHONE

ALTERNATE PHONE

EXTENT OF INJURY

**WITNESS OR PASSENGER**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

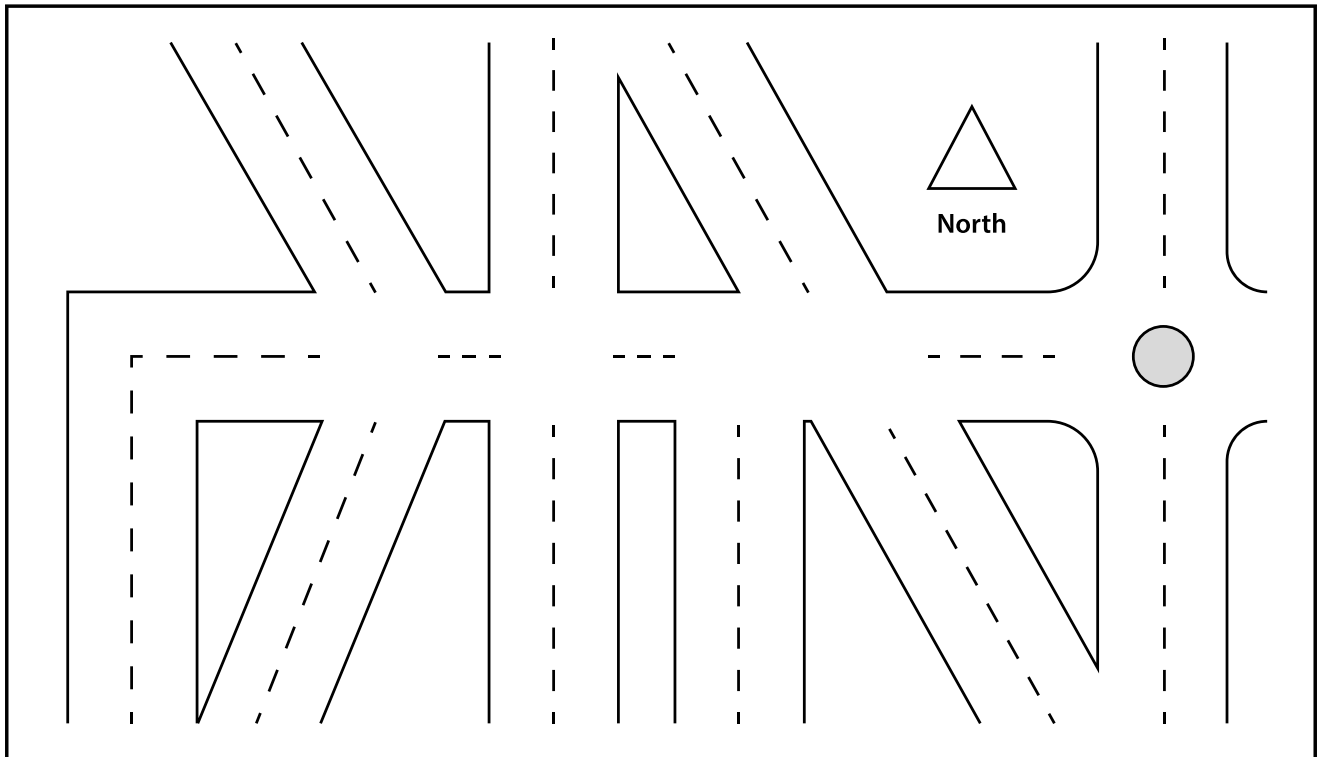
**WITNESS OR PASSENGER**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

REMARKS

**VEHICLE COLLISION DESCRIPTION DIAGRAM**

Select which part of the diagram most closely resembles the location of the accident and provide names of roads, orient diagram to cardinal directions (N/S/E/W) indicated in the key, and indicate direction of travel of the vehicles involved.



Please select all that apply:

ROAD CHARACTER	ROAD SURFACE	ROAD DEFECTS	TRAFFIC CONTROL
Straight Road Curve Level On Grade Crest of Hill	Dry Wet Muddy Snowy Icy	Defective Shoulder Holes, Ruts, Bumps Loose Material Other: _____ No Defects	Stop Sign Stop & Go Signal Flagman/Officer Other: _____ No Traffic Control
LIGHTING	WEATHER	OTHER NOTES/COMMENTS	
Daylight Dusk Dawn Dark - With Streetlight Dark - No Streetlight	Clear Raining Snowing Fog Other: _____	Photos Taken    Yes    No	

## **DRIVER'S STATEMENT**

Please include as much relevant detail as possible. If needed, attach additional sheets.

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Please send original form to your broker and retain a copy for your records.