Occupational Accident Claim Guideline Form

Claims Reporting Hotline: 1-866-568-2233

Please use this form as a guide as to the questions you may be asked when calling in your claim.
After this call additional claim forms will be mailed to you that will need to be completed and returned.

Plan Information:

Policy Number: 216 - 000 - 478

Sponsoring Motor Carrier Name: Association for Delivery Drivers

Claimant Information:

Your Name:_____ DOB: _____

Address: _____

_____

Phone Number: _____ SSN: __ __ __- __ __ - __ __ __ __

Accident Information:

What was the date and time of the accident? _____

Where did the accident take place? _____

_____

Please describe your injuries: _____

_____

_____

_____

Please describe your injuries: _____

_____

_____

_____

_____

Did you go to the hospital? If so, please provide name and address: _____

_____

_____

Please describe any medical care you have received: _____

_____

_____

_____

OneBeacon IC Driver Accident Claims Reporting: 1-866-568-2233