



## 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**