GREAT AMERICAN INSURANCE GROUP

301 E. Fourth Street, 22N
Cincinnati, OH 45202-4201
Toll Free 800-643-7882

On Demand Occupational Accident Loss Notice

Carrier/Claims Administrator

Insurance Carrier
Great American Insurance Company
PO Box 2348
Cincinnati, OH 45201

Mail Medical Bills to
Great American Insurance Company
PO Box 2348
Cincinnati, OH 45201

To Report a Claim
Phone: 833-444-0161
Email: ondemandclaims@gaig.com
Fax: 877-335-7910

Certificate Holder/Injured Party

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date Of Birth _____ Social Security # _____

Policy Number OA3735897 Association for Delivery Driver How are you compensated? ☐ W2 ☑ 1099

Entity you were contracted with at the time of the accident _____

Accident Details

Location of Accident *(Including City & State)*

Date of Accident _____ Time of Accident _____

Authority Contacted _____ Violations or Citations Issued _____

Description of Accident – Injury *(Identify Specific Body Parts)*

Witness To Accident

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Medical Treatment

Hospital/Physicians Name _____

Address _____

City _____ State _____ Zip _____

Diagnosis _____

First Day of Treatment _____ Last Day Worked _____

	Yes	No
Date Returned To Work _____ Fatality?	☐	☐

Remarks

Reporting Information *(Who is reporting this claim?)*

Name _____ Phone Number _____

	Yes	No
Email _____ Interpreter Needed?	☐	☐

Reported To _____

Date & Time Reported _____