

## MAIL TO:

ACE American Insurance Company MOTOR VEHICLE ACCIDENT CLAIM FORM (No Liability is admitted by the society by the issue of this form)

COMPLETE IN DETAIL TO ENSURE PROMPT HANDLING

Administrative Concepts, Inc. P.O. Box 4000 Collegeville, PA 19426-9000 www.visit-aci.com

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Insured Information										
	Last Name	First 1	Name	M.I.			Policy (or	certificate) #		
# and S	treet	City/Town		State	;	Zip Coo	le			
Business Address										
	#	and Street		Cit	y/Town		State		Zip (	Code
Home Telephone (	)		Business Telephone	e (	)		Fax (	)		
Trade/ Occupation: (	list all)									
Driver Information										
Name:										
	I	ast Name	First Name		M.I.			D	ate of Birth	
Home Address	#	and Street		Cit	y/Town		State		Zip (	Code
D: 1: "	,,			Cit	•		State		•	code
Drivers License #:		Expiration Da	ate:		Group:			Issuing	State:	
How long has the dri			Is it a learner's perm	nit?	Yes	No 🗌	If YES, dat	e driver pa	assed test:	
Please detail any prio	or convictions in con	nection with ar	ny motor vehicle:							
Was the driver Insur-	ed? Yes $\square$	No	7							
			_							
			knowledge and conser	nt?	Yes	No				
was the drive	r in the insured's em	ploy?			Yes	No				
Does the driver hold	insurance in respect	to any other me	otor vehicle?		Yes	No				
If YES, Please provi	de name and address	of insurers:								
			Vohi	ala In	formation					
Vehicle Information           Year: M         ake:         Model:         Registration #:										
Were Goods Carried? Yes No If YES, number of trailers:										
Is vehicle?										
Owner of vehicle: Insurer of vehicle:										
For what purpose was the vehicle being used?										
If commercial vehicle please state Class of vehicle:					Carrying capacity	Weight of load:				
Describe damage to vehicle:										
Repairing facility:										
Name	# a:	nd Street	City/Town		State		Zip Code		u.	Telephone #
Is vehicle at repairer		No [	If	f NO, v	when is it scheduled	to arrive	there?			
Name of Hire Purchase Co., if any: Approximate amount outstanding: Date first registered as new:										
NOTE: AN ESTIMATE FOR REPAIRS MUST BE SENT AS SOON AS POSSIBLE IF THE DAMAGE IS COVERED BY THE POLICY										
Date of Accident:		1	Accid	ent I	nformation		Place:			
Date of Accident.			Time.				Place.			
Drivers Speed:			Width of road:				Road and v	veather cor	nditions:	
Was accident reported to police? Yes No Details of Officer or Station:										
Other Parties Involved										
Please indicate all persons including passengers in your vehicle who were involved in the accident or sustained injury or damage to property										
Name	Addre	ess	Vehicle Make	Da	tails of Injury	Regis	tration #	Insure	er	Damage
Ī			1			l			1	

	Witnesses							
Name	Address							
Full Description of Accident								
Detail any warnings or signals given by all parties								
Sketch Plan								
Please show the position on the road of the If possible, please indicate road signs and	Please show the position on the road of the vehicles at point of impact and indicate direction and track immediately before accident. If possible, please indicate road signs and markings, including pedestrian crossings, relative to importance of roads and direction of nearest towns							
	NOTICES OF PROSECUTION OR OTHER PROCEEDINGS MUST BE FORWARDED I							
BY SIGNING BELOW I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF								
I/We declare that these particulars are true and complete. I/We understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this accident.								
I/We authorize the company to instruct my/our repairers on my/our behalf to undertake such repairs to my/our vehicles as may be agreed.								
Signature of Insured or Authorized Representative		Dated						
Address:								

## IMPORTANT NOTICE

Notice to Alaska Claimants: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Notice to Arizona Claimants: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Notice to Arkansas Claimants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to California Claimants: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Colorado Claimants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Delaware Claimants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.

Notice to District of Columbia Claimants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Claimants WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

Notice to Idaho Claimants: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information, is guilty of a felony.

Notice to Indiana Claimants: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Notice to Kentucky Claimants: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Notice to Maine Claimants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to Maryland Claimants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Minnesota Claimants: A person who submits an application or files a claim with intent to defraud or helps commits a fraud against an insurer is guilty of a crime. Notice to New Hampshire Claimants: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Notice to New Jersey Claimants: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Notice to New Mexico Claimants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Claimants Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Ohio Claimants: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma Claimants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Oregon Claimants WARNING: Any person who, knowingly and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

Notice to Pennsylvania Claimants Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Rhode Island Claimants WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Virginia Claimants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice to Claimants in all other states: Any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.