



Fenchurch General Insurance Company

Motor Vehicle Accident - Claimant Report

Claimant:

Employer:

Policy No.:

Class:

Absence Start Date:

Absence End Date:

Date of Accident:

Time of Accident:

Place of Accident:

Motor Vehicle Insurance Carrier:

Policy Number:

Drivers License Number:

Insurance Carrier Claim Number:

Name of Claim Adjustor:

Adjustor's Phone/Contact Number:

Were you: Driver Passenger

Attach legible copy of: Accident Report (from Police)

Ambulance Report (if applicable)

Any/all correspondence from Motor Vehicle or other Insurance Carrier

Any/all correspondence from other party(ies) - Third Party/Legal representative

PROVISION OF ADVANCE PAYMENT UNDER CLAIM SUBROGATION FROM FENCHURCH GENERAL INSURANCE COMPANY IS DEPENDANT UPON THE RECEIPT OF THE ABOVE INFORMATION WHICH IS TO BE SUBMITTED TO THE DISABILITY MANAGEMENT INSTITUTE. ADDITIONAL INFORMATION WILL BE REQUESTED FROM FENCHURCH GENERAL INSURANCE AS REQUIRED.

FAILURE TO PROVIDE COPIES OF ALL RELATED CORRESPONDENCE AT THE TIME OF APPLICATION WILL RESULT IN A DELAY IN PROCESSING/AJUDICATION AND POTENTIAL PAYMENT OF ANY BENEFITS.