

Accident Reporting Instructions

Available 24 Hours a Day - Call 1-800-325-3619

1. Stop immediately. Call 800-325-3619.
2. Call your supervisor.
3. Protect scene of accident by placing warning devices and activating hazard lights. NOTE: Per DOT regulations, you must deploy your Warning Triangles within the first 10 minutes.*
4. Fuel spill: Report immediately and follow applicable fuel spill procedures.*
5. Protect your equipment and cargo from further damage or theft.
6. If possible, do not move your equipment until police arrive.
7. Be courteous, but do not sign anything or discuss the accident with anyone except the police or the Vanliner adjuster after he/she identifies himself/herself.
8. Do not admit responsibility nor agree to pay for anything.
9. Protect yourself by obtaining witnesses including the first person to arrive.*
10. Complete the Accident Report Form and forward to Vanliner as soon as possible.
11. Take pictures of the scene, including skid marks and any factors that contributed to the accident (i.e. road hazards, etc.). Take pictures of all vehicles involved (including pre-existing damage and license plates). Take pictures of the license plate of any witness vehicles.
12. If required by the DOT guidelines (see Post-Accident Drug & Alcohol Testing document), or if your company policy warrants a drug/alcohol test, go for a drug/alcohol post accident test. Confirm this with your supervisor when the accident is reported.*

**PLEASE REPORT ALL ACCIDENTS IMMEDIATELY TO
VANLINER INSURANCE COMPANY.**

Let our team of experts help you!

*For more information and helpful tips on this topic, please log into the Service Center and access Resources->Loss Control->Resource Library->Categories->Miscellaneous





Accident Report Form

Insured Information	
Name of Insured:	
Street Address:	
City:	State: Zip Code:
Van Line Affiliation:	
Contact name:	
Primary phone:	Secondary phone:
Policy No.:	Location Code:
Date of Loss:	Time of Loss:
Location of Accident:	City & State:
Driver Name:	
Year/Make/Vin	
Passenger Name:	Phone No.:
Other Vehicle Information	
Name:	
Street:	
City:	State: Zip Code:
Primary phone:	Secondary phone:
Owner of Vehicle:	Year/Make/Model:
Driver of Vehicle:	
License Plate:	State:
Insurance Company:	Policy No.:
Passenger Name:	Phone No.:
Injured Persons	
Name:	
Address:	
Phone No.:	
Extent of Injuries:	
Reported to Police	
Which Department?	
Officer Name:	
Badge No:	Violations Vehicle #1:
Phone No:	Violations Vehicle #2:
Witness Information	
Name:	
Address:	
Phone No.:	

One Premier Drive, St. Louis, MO 63026 PHONE: 800-325-3619 FAX: 855-472-1292

EMAIL FORM TO: CLAIMS@VANLINER.COM

Description of Accident

Additional Information

Reported By:

Date Signed: