

REPORT OF ACCIDENT – OTHER THAN AIRCRAFT ACCIDENT

Complete at once and return to USAIG:

Or FAX to:

Name of Insured: _____ Policy Number: _____

Residence Address: _____

Business Address: _____

Telephone: _____ Cellular: _____ Email: _____

Date of Accident or Loss: _____ Hour of Day: _____ M.

Location of Accident

Place (Exact location on airport. If equipment involved, describe and identify.)

Owner of Premises: _____

Name of party in control of premises: _____

Is occupants lease direct from owner or other lessee? _____

Whose duty is it to maintain, clean and keep this part of the premises in repair? _____

What work or business was being done there? _____

Injured Person

Name: _____ Address: _____

Age: _____ Employer or Occupation: _____

Was medical aid rendered? _____ Where? _____ By whom? _____

Taken to home or hospital? _____ Present Contact: _____

Nature and extent of injury? _____

Statement of injured, if any (if written, attach copy.)

Property Damage

Name of Owner: _____ Address: _____

Value of property damaged: \$ _____ Estimated cost to repair or replace: \$ _____

Description of Property and nature and extent of damage.

Witnesses

Names and addresses of all witnesses including persons who inspected place of accident.

Description of Accident

Tell how the accident happened, noting what you saw or heard. Use back of form for additional information and accident diagram.

FRAUD WARNING (Required by Applicable State Regulation or Other Law)

Notice to Residents of all states except California, Colorado, New York, and Pennsylvania:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

Notice to California Residents:

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a 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 Residents:

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Notice to New York Residents:

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 fact material thereto, commits a fraudulent insurance act, which is a crime, and shall 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 Pennsylvania Residents:

Any person who knowingly, and with the 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Important Note

Do not discuss accident with anyone except authorized USAIG representatives or the proper government and police authorities.

Signed (Insured) _____

Date: _____ Signed (Pilot) _____