

Claims Reporting Kit



WCRG provides claims management services to its members through Clear Risk Solutions. This packet provides members a direct and efficient way to report accidents and losses. We request that members adhere to the following guidelines to assist our claims department in delivering a quick and economic settlement to your claim. **Please report all accidents, regardless of the degree of injury or damage.** This can help us determine whether any of our risk management services may be beneficial in preventing similar, future losses.



Record all relevant facts related to the loss, including but not limited to personal information of individuals involved, circumstances leading to the event, records of responses taken, and so on. If possible, save all broken or damaged equipment involved.



If possible, take photos documenting the loss.



Please do not admit responsibility or agree to pay for damages.

WCRG MEMBERS

Your membership in the WCRG program requires **ALL** accidents and losses be reported, regardless of size, as soon as possible, to your insurance broker and/or Clear Risk Solutions.

If the accident or loss results in serious injury, fatality, and/or extensive damage, contact your broker or Clear Risk Solutions immediately at **(800) 407-2027**, and follow any instructions given to you.



Reporting Instructions

REPORT ALL CLAIMS

Contact your Broker or:

Email: claims@chooseteclear.com
Phone Toll Free: (800) 407-2027
Fax: (509) 754-3406

Mail:
Clear Risk Solutions
159 Basin Street SW PMB #206
Ephrata, WA 98823

Bodily Injury or Property Damage - WCRG recommends that its members complete an accident report form, follow any and all appropriate first-aid procedures, and collect the following information:

Names and contact information of anyone (employee, volunteer, customer, etc.) who witnessed the accident, was supervising the activity, or who was otherwise directly or indirectly involved.

Signed and dated statements from all identified witnesses/participants.

Preserve any broken or damaged equipment related in the accident. If possible, also preserve the site of the accident – block access with cones, tape, signs, etc.

Reporting Lawsuits or Written Demand - If served with a summons and complaint and/or demand, please forward a copy **immediately** to Clear Risk Solutions via one of the following methods for coverage evaluation. Once sent, call to confirm Clear Risk Solutions' receipt of the summons and complaint. A copy should also be sent to your broker, and a copy should be retained for your files. Remember, **do not admit responsibility or agree to pay for damages**.

Email to: claims@chooseteclear.com; or

Fax to: (509) 754-3406; Attention: Claims Department; or

Express Mail: Clear Risk Solutions, 159 Basin Street SW PMB #206, Ephrata, WA 98823

If you do not have access to a loss notice form or report, the following forms will offer members specific instructions for reporting the following lines of coverage:

Form A: General Liability (Bodily Injury or Property Damage to Others)

Record all details of accident and names of witnesses.

Save all property damaged in the accident.

Forward report to administrator or designee.

Do not admit responsibility or agree to pay damages.

Form B: Property Losses

Record all relevant information and take photos.

Take steps to prevent additional damage and secure area/close off from use.

Forward report to administrator or designee.

Do not admit responsibility or agree to pay damages.

Form C: Automobile Losses

Prior to a loss, each vehicle should be provided with a vehicle accident report form (Form C). If one is not accessible at the time of loss, the form should be filled out as soon as possible after the loss to capture as much information as possible.

Employees operating vehicles must complete Form C or an appropriate equivalent at the time of the loss.

Forward accident report to administrator or designee.

Do not admit responsibility or agree to pay damages.

**PLEASE REVIEW THESE INSTRUCTIONS WITH YOUR STAFF AND
ADVISE THEM OF THE REPORTING REQUIREMENTS**

Clear Risk Solutions **Toll Free:** (800) 407-2027
159 Basin Street SW **Fax:** (509) 754-3406
PMB #206 claims@chooseteclear.com
Ephrata, WA 98823

DATE FORM COMPLETED	DATE AND TIME OF LOSS	
		AM/PM

Member Name/Organization _____

Primary Contact _____ Primary Contact Phone _____ Member Business Phone _____

LOSS

LOCATION OF LOSS _____

THE POLICE OR FIRE DEPARTMENT THE LOSS WAS REPORTED TO _____

KIND OF LOSS (FIRE, WIND, EXPLOSION, ETC.)

PROBABLE AMOUNT OF LOSS

\$

DESCRIPTION OF LOSS AND DAMAGE

REMARKS

Reported By _____ Phone _____

Please send original form to your broker and retain a copy for your records.

Clear Risk Solutions

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PMB #206
Ephrata, WA 98823

Toll Free: (800) 407-2027**Fax:** (509) 754-3406

claims@choosclear.com

DATE FORM COMPLETED

DATE AND TIME OF LOSS

AM/PM

Member Name/Organization _____

Primary Contact _____

Primary Contact Phone _____

Member Business Phone _____

LOSS

LOCATION OF ACCIDENT _____

DESCRIPTION OF ACCIDENT

INSURED VEHICLE

VEHICLE NO. _____

YEAR _____

MAKE _____

MODEL _____

VEHICLE IDENTIFICATION NUMBER _____

VEHICLE OWNER

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

DRIVER

NAME _____

DATE OF BIRTH _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

BUSINESS PHONE _____

ALTERNATE PHONE _____

DESCRIBE THE DAMAGE

ESTIMATED AMOUNT OF LOSS

\$

PROPERTY DAMAGE

PROPERTY OWNER'S NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

OTHER DRIVER

NAME _____

DATE OF BIRTH _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

BUSINESS PHONE _____

ALTERNATE PHONE _____

DESCRIBE THE DAMAGE

ESTIMATED AMOUNT OF LOSS

\$

INJURED PERSON

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

CELL PHONE _____

ALTERNATE PHONE _____

EXTENT OF INJURY _____

INJURED PERSON

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

CELL PHONE _____

ALTERNATE PHONE _____

EXTENT OF INJURY _____

WITNESS OR PASSENGER

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP

CELL PHONE

ALTERNATE PHONE

REMARKS

WITNESS OR PASSENGER

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

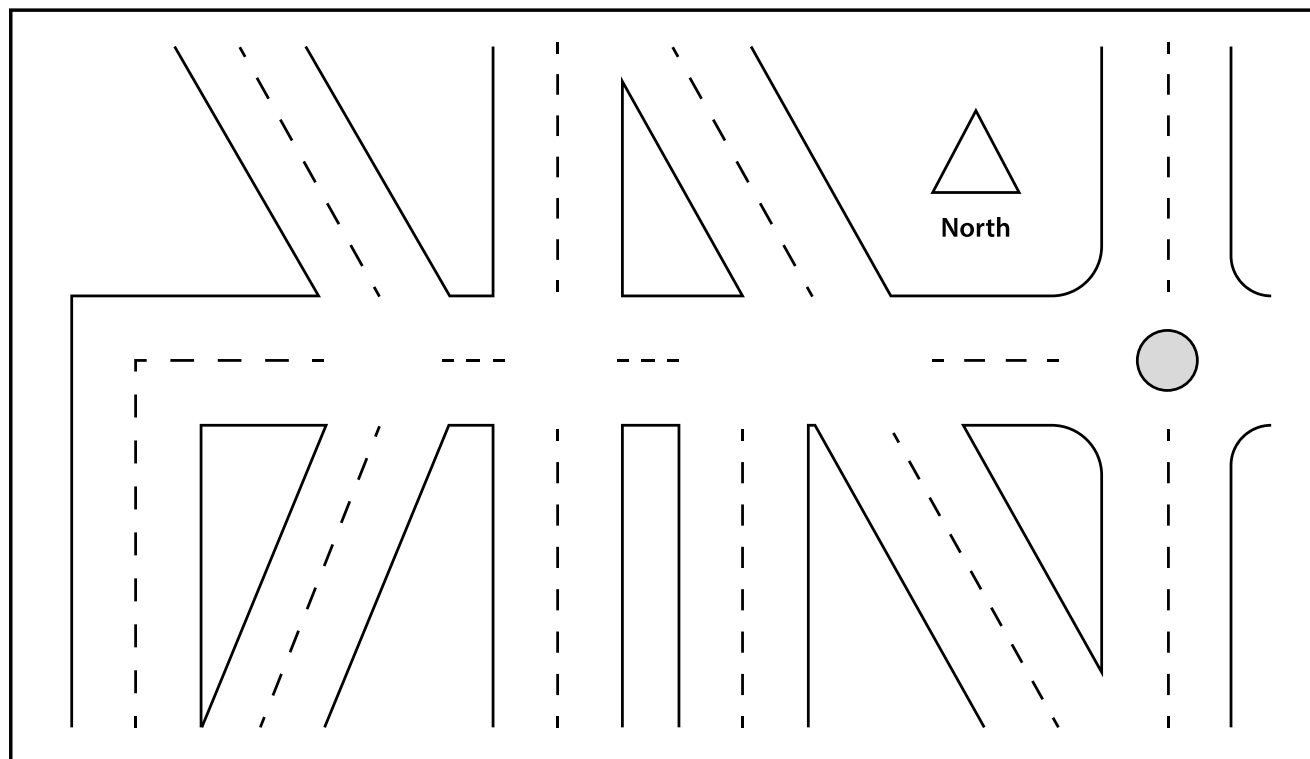
ZIP

CELL PHONE

ALTERNATE PHONE

VEHICLE COLLISION DESCRIPTION DIAGRAM

Select which part of the diagram most closely resembles the location of the accident and provide names of roads, orient diagram to cardinal directions (N/S/E/W) indicated in the key, and indicate direction of travel of the vehicles involved.



Please select all that apply:

ROAD CHARACTER	ROAD SURFACE	ROAD DEFECTS	TRAFFIC CONTROL
Straight Road Curve Level On Grade Crest of Hill	Dry Wet Muddy Snowy Icy	Defective Shoulder Holes, Ruts, Bumps Loose Material Other: _____ No Defects	Stop Sign Stop & Go Signal Flagman/Officer Other: _____ No Traffic Control
LIGHTING	WEATHER	OTHER NOTES/COMMENTS	
Daylight Dusk Dawn Dark - With Streetlight Dark - No Streetlight	Clear Raining Snowing Fog Other: _____	Photos Taken Yes No	

Please send original form to your broker and retain a copy for your records.

DRIVER’S STATEMENT

Please include as much relevant detail as possible. If needed, attach additional sheets.

Signature _____ Phone _____ Date _____

Please send original form to your broker and retain a copy for your records.