

Auto Incident Claim Reporting Form – Submit to westcoastclaims@alliant.com and cc mjahner@alliant.com

IMPORTANT THINGS TO REMEMBER IN THE EVENT OF AN ACCIDENT:

Move to a safe location if possible and/or warn oncoming traffic - turn on your hazard lights, setting out safety flare(s) or warning triangles.

Call 911 if the accident is serious or if there are injuries

Document as much info as possible, including:

- *Driver and passenger names and information*
- *License plate numbers*
- *Insurance info*
- *Makes and models of all vehicles involved*
- *Contact info for any witnesses*
- *Location of the accident*
- *The name and badge number of any responding police officers*
- *Take photos of registrations, insurance paperwork, driver's licenses, vehicles and the accident scene.*

Do not admit responsibility at the accident scene or blame anyone else and do not discuss the scope of your insurance coverage. Discuss the incident only with the police, and FARE's insurance claim adjuster if required.

Report accident information as soon as possible (within 24 hours of incident).

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Named Insured: [Ride Fare, LLC](#)

Policy Number:

Contact Name:

Phone:

Email:

Auto Incident Information

1. Date of Incident/Accident	2. Time Incident Occurred
3. Date Incident Reported	4. Location of Incident (include City/ST)
5. Stage of your App Incident Occurred: - Stage 1 - Stage 2 - Stage 3	6. Was Anyone Injured - Driver Yes ___ No ___ - Customer/Passenger(s) in insured vehicle Yes ___ No ___ - Other Parties Yes ___ No ___
7. Description of Incident in Detail (what happened, note severity of incident - any apparent injuries to passengers or other parties):	
8. Did Police Respond Yes ___ No ___ - Police Incident Report # - Is Copy of Report Included Yes ___ No ___	9. Describe apparent Physical Damage / Bodily Injury

Insured Driver & Vehicle Information

10. Insured Driver Name	
11. Insured Driver's License Number	12. State License Issued
13. Insured Driver's Phone Number	14. Insured Driver's Email
15. Insured Driver's Vehicle - Year - Make - Model	- VIN # - Plate #
16. Type of Driver Agreement (commercial or rideshare)	(Note: Commercial Driver should maintain primary commercial auto insurance, whereas Rideshare drivers can maintain personal auto or commercial auto insurance)
17. Insured Driver's Insurance Information - Carrier - Policy Number	18. If Rideshare Driver – was personal auto policy endorsed for stage 1 coverage
19. Name(s) and phone numbers for all Customers/Passengers riding in (or getting in or out of) Insured Vehicle during incident	

Other Party Information

20. Driver's Name	21. Vehicle Owner's Name
22. Driver's License Number	23. State License Issued
24. Driver's Phone Number	25. Owner's Phone Number
26. Passenger's Name	27. Passenger's Phone Number
28. Other Party's Insurance Information Carrier Policy Number	
29. Vehicle #1 - Year - Make - Model - VIN # - Plate #	30. Vehicle # 2 (add additional Vehicles if needed) - Year - Make - Model - VIN # - Plate #
31. Property Damage (Other than vehicle) - Yes ___ No ___ - Property Owner Name - Phone #	Description
32. Other Injured Persons Yes ___ No ___ (list all here) - Name - Phone Number - In Vehicle #	Witnesses Name / Phone for each