



STATEMENT OF CLAIM FOR DAMAGES

Vehicle and/or Property

Claim Number: _____

This notification is to inform you that this claim/loss is presently under investigation by our Property Damage Claims Department. Until such time as we are able to determine liability, we suggest that you protect your vehicle and/or property from further damage.

Arrange to have your vehicle moved to a storage-free location (if applicable).

If your disabled vehicle is currently at a tow yard, police impound lot, body shop or any other establishment incurring storage charges; we strongly suggest you move your vehicle to a non-storage fee location, as we may not be responsible for any storage fees that your vehicle may incur.

We will continue our efforts to conclude our investigation in a timely manner, once all requested information is received to ascertain all the facts of this loss/claim in an effort to determine liability and/or resolve coverage to bring this matter to a close.

Please complete the attached form as indicated. Page two is our claims process; page three is claimant and incident information; page four is vehicle damage information; page five is injury information; page six is home/property damage information.

Please advise us once you have sent all of your information so we may begin review of your claim. Often times people will send basic information and not tell us they are obtaining additional information for review during the claims process.

Send all documentation to: pdclaims@gorlc.com or you can fax to (937) 382-2677. (Pictures must be emailed.)

You may call 800-543-5589 and ask for a member of Property Damage Claims in the Safety Department for a temporary or permanent claim number. We will do everything reasonable to attend to your claim in 5-10 business days once all requested documentation is received.

Quality customer service is our priority!

Our claims process:

We do not have adjusters that will come to you and provide you with an estimate. We are approved to self-administer claims in house up to a certain level through our insurance provider. It is your responsibility to mitigate your loss and protect your property. If you are not willing to provide the following information, our recommendation is to process the claim through your insurance company and request they subrogate your/their loss through us.

In addition to the completed claim form, the following documentation is required for your claim to be assigned for review:

2 itemized repair estimates

(for vehicular claims - call if vehicle is not drivable)

Detailed color photos of damage/loss

Proof of vehicle owner (registration or title)

The following documentation is suggested:

Scene photos

Video footage

Witness statements

Any other substantiating information that will provide evidence for your claim.

As a reminder - Email all documentation to: pdclaims@gorlc.com or you can fax to (937) 382-2677. (Pictures must be emailed.)

You may call 800-543-5589 and ask for a member of Property Damage Claims in the Safety Department for a temporary or permanent claim number. We will do everything reasonable to attend to your claim in 5-10 business days once all required documentation is received.

Each case is different; we may request additional information for claims processing at a later date.

Please provide the following applicable information as accurately as possible.

Your Full Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Freight bill number (if applicable): _____

Phone Number where you can be reached during the day? _____

Email Address: _____

Incident Information

Date of Incident: _____

Location of Incident

Street Address: _____ City: _____

State: _____ Zip Code: _____

Description of Incident

Explain in detail the event(s) that took place. Draw a diagram if needed for better clarification of the facts. Use additional sheets of paper if needed. Google images are helpful as well.

Witnesses

Please provide names, addresses and phone numbers of all witnesses. If possible obtain written, dated and signed witness statements and provide those with this document, have the witnesses include their address and phone number(s).

Vehicle Damage

Insurance Information

Insurance Company Name and Phone Number: _____

Policy Holder Name: _____

Policy Number: _____

What type of insurance do you have? _____
(Full coverage, Liability, Collision)

Vehicle Damage

Driver of the vehicle: _____

Owner of the vehicle: _____

Year/make/model of vehicle: _____

Mileage on vehicle: _____

Was your vehicle towed? Where? _____

Number of people in the vehicle? _____

Designate their positions in the car at the time of the event.

Injuries

Was anyone injured? Yes No

Please provide the names and addresses of anyone injured at the time of this event?

Please explain in detail the extent of the injuries.

Was the injured person transported from the scene of the event?

Where was the injured person treated/transported?

Home or Property Damage

Property Owner: _____

Address of Property Owner (If same as above please check mark here) Same as above:

Street: _____ City: _____

State: _____ Zip Code: _____

Phone Number: _____