

# Claims Kit

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# Reporting

If you have an accident, please call our toll-free number immediately.

**(866) 221-0095**

Claims reporting is available **24 hours** a day, seven days a week.

# Driver's Exoneration Form



Fundamental  
UNDERWRITERS

24/7 Claim Reporting: **866-221-0095**

To whom it may concern:

**I hereby exonerate and free from all negligence or blame the following driver:**

**and his employer in connection with an accident involving the undersigned which occurred at \_\_\_\_\_ ☐ AM ☐ PM on this date \_\_\_\_\_ .**

Location \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Witnessed by \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Witness Form



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UNDERWRITERS

24/7 Claim Reporting: **866-221-0095**

I am requested by my company to report the details of any incident that occurs. Please complete the information below.

## Incident Description and Remarks:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (     ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Address \_\_\_\_\_

Phone (     ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

## ACCIDENT INVESTIGATION FORM – DRIVER

Driver Information		Claimant Information	
Driver Name:		Claimant Name:	
Driver Phone:		Claimant Phone:	
Driver's License No.:		Claimant Address:	
Police Information		Witness Information	
Name of Officer:		Witness 1 Name/Phone:	
Hwy, Patrol, Sheriff:		Witness 2 Name/Phone:	
<b>Report No.:</b>		Witness 3 Name/Phone:	
Accident Information			
Date of Accident:		Time of Accident:	
Street(s):		State:	
City:		Zip:	
<b>Accident Description</b> <i>Full description of location, all involved parties and road/weather conditions.</i>			
Anyone taken by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was any vehicle towed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dash Cam Video available? <i>If yes, provide.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>IMPORTANT: Take photos of claimant vehicle damage and scene of accident.</b>			
Vehicle Information			
Insured Vehicle Make/Model:		Other Vehicle Make/Model:	
Insured Vehicle Year:		Other Vehicle Year:	
Insured Vehicle VIN:		Other Vehicle VIN:	