

LOSS REPORT INSTRUCTIONS

1. Complete this fillable PDF loss report in its entirety
2. Sign the report electronically and submit it to commercialclaims@clements.com
3. Submit supporting documents as specified in the loss report

If you have any additional questions, please contact us:

commercialclaims@clements.com

or

+1.202.872.0060



WorldAuto® COMMERCIAL LOSS REPORT



This report contains six (6) sections. Please review each section and complete the required information. You are not authorized to repair your vehicle until a written authorization is given by Clements Worldwide. Please make sure to sign the form prior to submission. Please complete and submit one claim report per vehicle.

NOTE: If covered by a Political Violence extension, and the reported loss or damage is the result of political violence (as defined by the policy terms, including strikes, riots, etc.), please note this claim report must be submitted immediately, no later than 24 hours from the time of the incident.

1. CLAIM DETAILS

A. NAMED INSURED INFORMATION (REQUIRED)

COMPANY NAME:			
CLAIM CONTACT:			
PHONE:		E-MAIL:	
STREET ADDRESS:			
CITY:		STATE / PROVINCE:	
ZIP / POSTAL CODE:		COUNTRY:	
POLICY NUMBER:		CLAIM NUMBER:	

B. NAMED INSURED VEHICLE / DRIVER INFORMATION (REQUIRED)

YEAR / MAKE:		MODEL:	
VIN / CHASSIS NUMBER:		PLATE:	
ODOMETER READING / MILEAGE:		CONDITION BEFORE LOSS:	<input type="radio"/> FAIR <input type="radio"/> GOOD <input type="radio"/> EXCELENT
DRIVER'S NAME:			
PHONE:		E-MAIL:	
STREET ADDRESS:			
CITY:		STATE / PROVINCE:	
ZIP / POSTAL CODE:		COUNTRY:	

2. INCIDENT DETAILS

A. LOSS INFORMATION (REQUIRED)

DATE OF LOSS:		TIME OF LOSS:	
LOCATION OF LOSS (STREET ADDRESS):			
CITY:		STATE / PROVINCE:	
ZIP / POSTAL CODE:		COUNTRY:	
NUMBER OF VEHICLES INVOLVED:		WERE AUTHORITIES NOTIFIED?	<input type="radio"/> YES <input type="radio"/> NO
ESTIMATE OF LOSS AMOUNT:	USD	NAME OF AUTHORITY NOTIFIED:	
INJURIES:	<input type="radio"/> YES <input type="radio"/> NO IF YES, DESCRIBE IN 2E		
FATALITIES:	<input type="radio"/> YES <input type="radio"/> NO IF YES, DESCRIBE IN 2E		
WAS A THIRD PARTY INVOLVED?	<input type="radio"/> YES IF YES, COMPLETE 2B, 2C, AND 2D <input type="radio"/> NO IF NO, SKIP TO 2E		
WAS AN OFFICIAL ASSESSMENT OF FAULT DETERMINED BY A LOCAL AUTHORITY?	<input type="radio"/> YES IF YES, ATTACH OFFICIAL DOCUMENTATION <input type="radio"/> NO	IF NO OFFICIAL ASSESSMENT, WHO DO YOU CONSIDER AT FAULT? (ANSWER DOES NOT INDICATE ADMISSION OF GUILT)	<input type="radio"/> INSURED / SELF <input type="radio"/> 3RD PARTY <input type="radio"/> UNCLEAR

B. LOCAL TPL INSURANCE (NAMED INSURED) INFORMATION (REQUIRED IF OTHER PARTY IS INVOLVED)

DOES THE INSURED HAVE THIRD PARTY LIABILITY (TPL) INSURANCE?	<input type="radio"/> YES IF YES, COMPLETE THIS SECTION <input type="radio"/> NO IF NO, SKIP TO 2C <input type="radio"/> UNK IF UNKNOWN, SKIP TO 2C	WAS A TPL CLAIM FILED BY THE NAMED INSURED?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
INSURANCE COMPANY NAME:			
POLICY NUMBER:		CLAIM NUMBER:	
INSURANCE CONTACT:		PHONE:	
STREET ADDRESS:			
CITY:		STATE / PROVINCE:	
ZIP / POSTAL CODE:		COUNTRY:	

C. OTHER PARTY INFORMATION (REQUIRED IF OTHER PARTY IS INVOLVED)

OWNER NAME:			
PHONE:		E-MAIL:	
STREET ADDRESS:			
CITY:		STATE / PROVINCE:	
ZIP / POSTAL CODE:		COUNTRY:	
YEAR / MAKE:		MODEL:	
VIN / CHASSIS NUMBER:		PLATE:	
DRIVER'S NAME:			
PHONE:		E-MAIL:	
STREET ADDRESS:			
CITY:		STATE / PROVINCE:	
ZIP / POSTAL CODE:		COUNTRY:	
DOES THE OTHER PARTY HAVE INSURANCE?	<input type="radio"/> YES IF YES, COMPLETE 2D <input type="radio"/> NO IF NO, SKIP TO 2E <input type="radio"/> UNK IF UNKNOWN, SKIP TO 2E	WAS A TPL CLAIM FILED BY THE OTHER PARTY?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

D. OTHER PARTY INSURANCE INFORMATION (REQUIRED IF OTHER PARTY IS INVOLVED)

INSURANCE COMPANY NAME:			
INSURANCE CONTACT:		PHONE:	
STREET ADDRESS:			
CITY:		STATE / PROVINCE:	
ZIP / POSTAL CODE:		COUNTRY:	
POLICY NUMBER:		CLAIM NUMBER:	

3. REQUIRED DOCUMENTATION

The required documentation below should be submitted no later than **90 days** from the date of incident. If needed, Clements may request additional documentation from you.

- POLICE / EMBASSY REPORT
- ESTIMATE OF REPAIRS
- PHOTOGRAPHS
- LOCAL THIRD PARTY LIABILITY INSURANCE (PROOF AND POLICY COPY)
- OTHER RELEVANT DOCUMENTS: _____ (IF APPLICABLE)

REFERENCES:

POLICE REPORT

In those cases where an auto collision or a crime occurs, Clements Worldwide requires evidence of a report to the police or civil authority. This report does not have to be in English.

EMBASSY REPORT

In the event that you cannot obtain a police report, Clements Worldwide will accept an Embassy Report or Security Incident Report. This report should include the circumstances of the loss and be certified by the Regional Security Officer or equivalent representative.

ESTIMATE OF REPAIRS / TECHNICAL REPORTS

Please include an official estimate of repair from a formal repair shop/technician. An estimate of repair should clearly define your information, vehicle information, parts needed, labor needed with a detailed description of the labor required, any miscellaneous charges or flat fees, and a total summary of all charges.

PHOTOGRAPHS

Please provide digital pictures of the damaged vehicle. Include full body pictures of the vehicle, close up of the damage, the odometer reading (mileage), the license plate, and note that before and after pictures are very helpful.

NEED AUTO PARTS?

We work with a very helpful company, D&M Auto Parts, which specializes in identifying, purchasing, and shipping auto parts. They understand the issues that are unique to the diplomatic and expatriate communities and strive to provide prompt and personal service. If you decide to use D&M, please contact them immediately. They will provide detailed illustrations of your vehicle to start the parts identification and shipping process.

They can be reached at +1 (516) 822-6662 (phone) | +1 (516) 822-5020 (fax) | info@dmauto.com | www.dmauto.com

4. CLAIM PAYMENT INFORMATION

Once reviewed and approved, claims may be settled via ACH, wire or check. Choose one of the options below and provide the following information.*

<input type="radio"/> ACH (U.S. BANK ACCOUNTS ONLY)			
BANK NAME:			
BANK ADDRESS:			
ACCOUNT NAME:			
ROUTING NUMBER:			
ACCOUNT NUMBER:			
ACCOUNT TYPE:	<input type="radio"/> BUSINESS <input type="radio"/> PERSONAL	ACCOUNT TYPE:	<input type="radio"/> CHECKING <input type="radio"/> SAVINGS

OR

<input type="radio"/> WIRE (NON-U.S. ACCOUNTS ONLY)	
BANK NAME:	
BANK ADDRESS:	
ACCOUNT NAME:	
ACCOUNT NUMBER:	
SWIFT CODE:	
IBAN NUMBER:	

OR

<input type="radio"/> CHECK (U.S. BANK ACCOUNTS ONLY)			
NAME:			
STREET ADDRESS:			
CITY:		STATE / PROVINCE:	
ZIP / POSTAL CODE:		COUNTRY:	

*Please be advised that you may be subject to return fees if an ACH or Wire is rejected due to incorrect banking information.

Please be advised that if the insured vehicle is associated with a lienholder (bank, finance company, etc.), the final claim payment may be subject to issuance in the form of a two-party check addressed to the lienholder and the named insured.

5. ACKNOWLEDGEMENT

The Insured hereby covenants that no release has been or will be given to, or settlement of compromise made with, any third party who may be liable in damages to the Insured. In consideration of the payment made under this policy, the Insured hereby subrogates to the Insurer all rights and causes of action the said Insured has against any person, persons or corporations whomsoever for damage arising out of or incident of said loss or damage to said property and authorizes said Insurer to sue in the name of the Insured, but at the cost of the Insurer, any such third party, and said Insured pledges full cooperation with the Insurer in such action.

Some states and jurisdictions require us to inform you that any person who knowingly or willfully presents a false, misleading or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false or misleading information in an application for insurance may be subject to civil and criminal penalties resulting in the denial of insurance and imposition of fines and confinement in prison.

The undersigned authorized representative of the Insured declares that to the best of his/her knowledge and belief, after reasonable inquiry, the information set forth in the attached Report is true and complete and may be relied upon by Clements Worldwide and the Insurer. If the information provided herein changes in any way following the submission of this Report, the applicant agrees to notify Clements Worldwide of such changes immediately, which may result in claim response modifications or outstanding quotation withdrawal. Clements Worldwide is authorized to make inquiries in connection with this application.

- By selecting this button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement and you agree to be legally bound by this Agreement.

SIGNATURE

DATE

6. SUBMITTING THE FORM

After completing this form, checking attachments pertinent to your case, and signing please choose one of these methods to return this form.



PDF – E-MAIL

commercialclaims@clements.com



MAIL

1301 K Street NW, Suite 1200 West
Washington, DC 20005 USA



FAX

+1.202.521.1815

The required documentation should be submitted no later than **90 days** from the date of loss.

CONTACT US

P. +1.202.872.0060
800.872.0067
www.clements.com