



**Hello,**

North American Risk Services, Inc. (NARS) is the third-party claims administrator for your company. Our team is available to assist you with your loss or injury 24 hours a day, 7 days a week.

Enclosed is a **Loss Report** form that should be placed in each of your units. The kits provide drivers with the information needed to properly report a claim in the event of an accident, however, any form with required information is acceptable. It is critical that drivers report claims promptly with as much information as possible including, but not limited to:

- Year, make, model of all vehicles involved
- Vehicle class and vehicle ID number of your unit (if applicable)
- Names and contact information for accident parties
- Names and contact information for witnesses

Claims may be reported in the following ways:

- **Phone:** (800) 315-6090
- **Internet:** [narisk.com/report-a-claim/](http://narisk.com/report-a-claim/)
- **E-mail:** [reportclaim@narisk.com](mailto:reportclaim@narisk.com)

Prompt reporting of claims has been proven to reduce claim costs. Contact us immediately if a claim involves significant property damage or there is any indication of bodily injuries.

If you require additional accident report kits, or have questions regarding completion of the forms, please do not hesitate to contact our office at (800) 315-6090. Please review this information with each of your drivers and instruct them on proper claim reporting techniques.

**Enclosures:** Loss Report Form  
Scene Diagram  
Passenger Manifest  
Witness Card

## Trucking Accident Report Kit

### In case of an accident:

1. If anyone is injured, offer to call for emergency medical attention.
2. Obtain identification for all possible witnesses and passengers (names, addresses and phone numbers) using the enclosed **Witness Cards** and **Passenger Manifest** (when multiple passengers are involved).
3. Do not provide a statement or sign anything. The police may ask for a statement. Answer the officer's questions without volunteering additional information.
4. As soon as practicable, report the accident to your employer and to NARS. Fully complete the enclosed **Trucking Loss Report**, including the scene diagram.
  - Take a picture of the other party's: insurance card, driver's license, and license plate
  - If the police were contacted, take a picture of the information exchange form or police report information form.
  - Take picture(s) of where the vehicles came to rest after the impact, if safe to do so.
  - Take a picture of both vehicles involved from all four corners, and the vehicle damage
  - Confirm if a dash camera (front and/or rear) was in use at the time of the accident, and if the footage is available.
5. In catastrophic cases call immediately as field representatives may be sent to the scene to assist. You can reach NARS at (800) 315-6090 24 hours a day, 7 days a week. Outside normal business hours, follow the recorded instructions to reach an after-hours claim representative.
6. Send completed forms, by email, fax or mail including all supporting documents to:

**Email:** [reportclaim@narisk.com](mailto:reportclaim@narisk.com)

**Fax:** (866) 261-8507

**Mail:** North American Risk Services, Inc. (NARS)

P.O. Box 166002

Altamonte Springs, FL 32716-6002

If you are sending material on a matter already reported, please include:

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Claim Number (if known)** \_\_\_\_\_





## Trucking – Loss Report

### DRIVER

Name \_\_\_\_\_ DOT # \_\_\_\_\_ Birth Date \_\_\_\_\_

### DRIVER VEHICLE

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_

Location of Accident \_\_\_\_\_

Origination of Trip \_\_\_\_\_

Destination of Trip \_\_\_\_\_

Trailer Attached?  Y  N Trailer Loaded?  Y  N

Damage to Cargo?  Y  N Cargo Insurer?  NARS  Other If Other, please specify \_\_\_\_\_

### OTHER DRIVER

Name \_\_\_\_\_ Driver's License \_\_\_\_\_ Birth Date \_\_\_\_\_

### OTHER DRIVER VEHICLE

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

Damage Description \_\_\_\_\_

### ACCIDENT/DAMAGE DESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Are photos taken of the following? Check all that apply

Driver's License  Insurance Card  License Plate  Where vehicle came to rest  Damages

INJURED PARTY 1	INJURED PARTY 2
Name _____	Name _____
Date of Birth _____ Phone _____	Date of Birth _____ Phone _____
Address _____	Address _____
_____	_____
Type of Claimant? Check one	Type of Claimant? Check one
<input type="checkbox"/> Insured Vehicle <input type="checkbox"/> Other Vehicle <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Insured Vehicle <input type="checkbox"/> Other Vehicle <input type="checkbox"/> Pedestrian

## Scene Diagram

Please draw a details diagram of the accident scene. Include street names and label all vehicles involved.



\_\_\_\_\_  
**Driver's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**



## Passenger Manifest

**\*\*\*Driver must complete information for every passenger in vehicle at time of accident.  
Complete additional forms or use back if needed. Please write legibly.\*\*\***

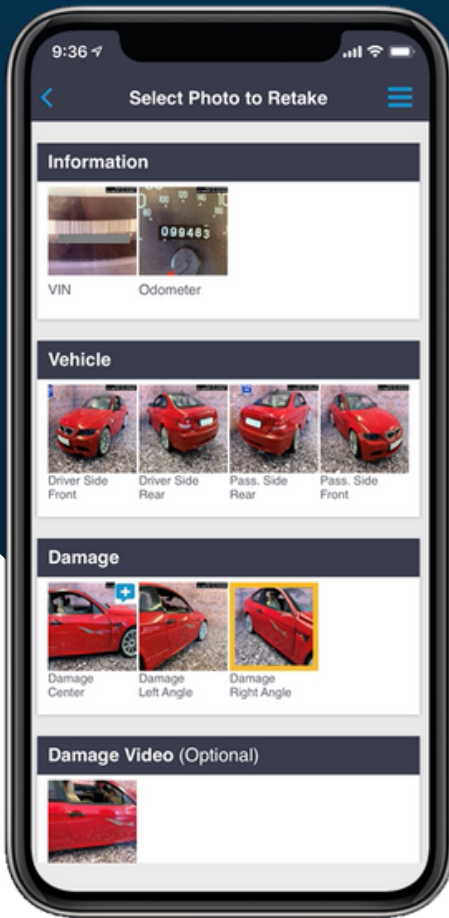
Name _____ Date of Birth _____ Phone _____ Address _____ _____ Seat Location _____	Name _____ Date of Birth _____ Phone _____ Address _____ _____ Seat Location _____
Name _____ Date of Birth _____ Phone _____ Address _____ _____ Seat Location _____	Name _____ Date of Birth _____ Phone _____ Address _____ _____ Seat Location _____

## Witness Card

Submit to:

[reportclaim@narisk.com](mailto:reportclaim@narisk.com)    [narisk.com/report-a-claim](http://narisk.com/report-a-claim)

Name _____ Phone _____ Address _____ _____ Comments _____ _____ _____	Name _____ Phone _____ Address _____ _____ Comments _____ _____ _____
Name _____ Phone _____ Address _____ _____ Comments _____ _____ _____	Name _____ Phone _____ Address _____ _____ Comments _____ _____ _____



# NARS APPRAISAL SERVICE

## Mobile Appraisal App

AI-enabled solutions and data-driven insights to expedite claims and get paid sooner!



### QUICK RESPONSE

24-48 hour turnaround time from receipt of information - get paid sooner!



### SUBMIT DOCUMENTS

Quickly capture photos, videos and record the VIN to begin the claims process from your phone.



### FASTER ESTIMATES

Complete up to 4x more inspections per day through virtual inspections, reducing cycle time and boosting productivity for insurers.

**REQUEST THE APPLICATION LINK FROM YOUR ADJUSTER TODAY!**

*App is used ONLY for vehicles UNDER 3,500 lbs.*



# NARS offers photo estimate reviews on vehicles over 3500 lbs. NARS can write estimates off photos submitted.

Email photos of vehicles over 3,500 lbs to  
[mailroom@narisk.com](mailto:mailroom@narisk.com)

## VEHICLES OVER 3,500 LBS

The following photos are needed to write an estimate:

- Four corners of the vehicle, showing an overview of the entire vehicle.
- Vehicle Identification Number (VIN Tag)
  - located on a sticker inside the driver-side front door
  - metal tag on the top of the dash on the driver's side near the bottom of the windshield.
- **\*Must be able to read all digits**
- The Odometer/Mileage
- License Plate
- Interior from all opened door/hatch openings
- At least four photos of the damaged area of the vehicle.
  - taken from multiple distances and angles to clearly show the damage.
  - Include as many photos as possible to accurately portray the damage to the vehicle.
- Any special equipment or modifications added to the truck or unit.
- The build plate on the special equipment. (This is commonly found on the control box, side of the rollback, or inside the compartment.)
  - We need the builder and model number from this.
  - Or – If unable to locate – a photo of your build sheet

