



COMPLETING THE CLAIM FORM

**24 HOUR ACCIDENT INSURANCE MANDATORY/VOLUNTARY PLANS**  
Policies 64779459 and 64779460

**Injured Driver/Trainer Completes:**

- Front Side of Claim Form

**Doctor Completes:**

- "Attending Physician's Statement" on the back.

**SEND THE COMPLETED CLAIM FORM TO:**

Gail McNeely  
Van Gundy Insurance  
101 S. Towanda Avenue  
Normal, IL 61761

Once the initial claim has been filed, the claimant will receive a letter from **Health Special Risk, Inc. (HSR)** providing the name and address of the person handling the claim. All subsequent inquiries and doctor's reports should go to that person.

*If you have any questions please feel free to call:*

*Gail McNeely 309/452-1156*

*e-mail [gmcneely@vangundy.com](mailto:gmcneely@vangundy.com) or*

*Fax: 309/452-7500.*

**THANK YOU!**

24 HR Claims

# CHUBB INSURANCE

VAN GUNDY AGENCY, 101 S. Towanda Ave., Normal, IL 61761, Phone (309) 452-1156/Fax (309) 452-7500

## 24 HOUR ACCIDENT INSURANCE CLAIM FORM FOR Policies 64779459 & 64779460

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL, THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

### CLAIMANT COMPLETES THIS SECTION

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

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

Claimant's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street Address/Mailing Address/Apt. No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

( )  
Telephone Number \_\_\_\_\_

Occupation (Circle) Driver Trainer Driver and Trainer \_\_\_\_\_

USTA License # \_\_\_\_\_

Name & Address of Other Employment \_\_\_\_\_

Describe Where & How Accident Occurred \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Name & Address of Physician First Consulted and Other Physicians Consulted (Attach add'l sheet if needed) \_\_\_\_\_

I authorize any physician, hospital or other medically related facility, insurance company, or other organization, institution or person that has any records of knowledge of me to disclose, whenever requested to do so by Chubb Insurance or its representative, any and all such information. A copy of this authorization shall be considered effective and valid as the original.

Claimant's Signature \_\_\_\_\_

Date \_\_\_\_\_



## **FRAUD STATEMENTS**

**GENERAL:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**ALASKA, ARKANSAS, IDAHO, INDIANA:** Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**CALIFORNIA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**DISTRICT OF COLUMBIA RESIDENTS:** **WARNING** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**MARYLAND:** Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**MINNESOTA:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

**PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**VIRGINIA:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.