

## **Auto Claims Reporting Procedures**

**Welcome to Skyward Specialty Insurance!** We provide the best service possible to our clients. The Claims Department works diligently to guarantee proper handling of claims.

It is imperative that all claims are reported to Skyward Specialty Insurance within 24 hours, no matter how minor the incident. Timely reporting allows us to:

- Investigate the claim timely.
- Interview any potential witnesses.
- Mitigate damages and expenses.
- Identify any subrogation opportunities.
- Effectuate positive resolutions.

Claims can be reported by emailing the First Notice of Loss attached to the email address below or calling:

Email: [claims@skywardinsurance.com](mailto:claims@skywardinsurance.com)  
Phone: 888-321-0714

## First Notice of Loss - Auto

### Named Insured:

Company Name: \_\_\_\_\_ Policy: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contact with the most knowledge of the accident: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Accident Information:

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ AM  PM

Date Notified: \_\_\_\_\_

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

Brief Description of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police Called to Scene: Yes  No

If Yes: Police Department/Officer: \_\_\_\_\_

Police Report Number (Provide Copy if Available): \_\_\_\_\_

Any Photos taken at scene? Yes  No

### Insured Driver Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Is Driver an employee of the Named Insured: Yes  No

If Yes, Date of Hire: \_\_\_\_\_ Was pre-employment MVR pulled: Yes  No

If No, Employer of Driver: \_\_\_\_\_

**Insured Vehicle Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Vin #: \_\_\_\_\_

Equipped with Telematics: Yes  No

Equipped with Dashcams: Yes  No

If Yes, any videos available? Yes  No

**Vehicle Owner Information:**

Named Insured: Yes  No

If No, Name, Address, Phone Number of Owner: \_\_\_\_\_

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

If No, was vehicle a hired auto: Yes  No

Vehicle Damage: Yes  No

If Yes, Description of Damage: \_\_\_\_\_

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

**Other Party Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

License Number: \_\_\_\_\_

Vehicle Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Vehicle Damage: Yes  No

If Yes, Description of Damage: \_\_\_\_\_

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

**Other Party Information (Continued)**

Passengers: Yes  No

If Yes, Names, Addresses, Phone numbers: \_\_\_\_\_

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

Bodily Injuries: Yes  No

If Yes, Who was injured and Description of Injuries: \_\_\_\_\_

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

**Witnesses:**

Witnesses: Yes  No

If Yes, Name(s) and Phone Number(s): \_\_\_\_\_

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

**Additional Information:**

1. Insured Vehicle use at time of accident: Business Use  Personal Use

a. Brief Description of where Insured driver was going at time of loss:

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

b. If Personal Use, did Driver have the permission of Named Insured to drive vehicle: Yes  No

c. Brief Description:

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

2. Was the Insured Driver using his/her cell phone at the time of the accident: Yes  No

3. Any Drug and alcohol screenings of insured driver after accident: Yes  No

a. If Yes, results of screening:

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

**Additional Information (Continued):**

4. Was the use of the vehicle under contract for another entity at the time of accident? Yes  No 
  - a. If yes, please provide a copy of the contract.