



P.O. Box 9109, Charlotte Amalie
St. Thomas, VI 00801
Tel. (340) 776-8050
Fax (340) 774-8830

WELCOME TO GUARDIAN INSURANCE COMPANY

LOSS NOTICE PACKAGE

This package contains the following: (All Accidents must be reported promptly)

- a. Quick Reference Guide for Automobile Claims (QRG)
- b. Loss Notice

Your Loss Notice package can be submitted to Guardian as follows:

- a. By Fax St. Thomas Claims Office: 340-774-2343
St. Croix Claims Office: 340-719-2377
- b. By Mail – P.O. Box 9109, St. Thomas, VI 00801
- c. By Hand Delivery
- d. By e-mail to: www.guardianinsurance.com

For Claims Submission: Please complete the entire Loss package, answer all questions and return the Loss Package to Guardian with the following documents: (copies must be legible)

- a. Photocopy of your Driver's License
- b. Photocopy of your vehicle Registration
- c. Photocopy of your current Insurance Card
- d. Police Report

Inspection of Vehicle Damage: Please do not begin repairs until the vehicles have been inspected and photographed by Guardian Claims Adjusters. If the vehicle is drivable, it must be brought to Guardian's Claims Office for inspection and photographs. Site inspections will be arranged for vehicles that are not drivable only.

Thank you for choosing Guardian - Always by your side!



P.O. Box 9109, Charlotte Amalie
St. Thomas, VI 00801
Tel. (340) 776-8050
Fax (340) 774-2343

**LOSS NOTICE PACKAGE
Automobile**

Date _____ Current Policy No. _____

Policyholder's name _____

SECTION 1 - CONTACT INFORMATION (Please answer all questions)

Full Name _____
Social Security Number _____ - _____ - _____ Date of Birth _____
Mailing Address _____
Physical Address _____
H. Phone _____ Bus. Phone _____ Cel. Phone _____ Fax Number _____

SECTION 2 - VEHICLE INFORMATION (Please answer all questions)

Date of Accident _____ Location of Accident _____
Year / Make / Model of Car _____
License Plate _____ Color _____ VIN # _____
Lienholder on vehicle _____
Identify Damage to your vehicle: _____

Who was driving your vehicle: _____ Relationship to vehicle Owner _____
Age of driver _____ Do they have a driver's License Yes No Was Driver operating vehicle with Owner's permission? Yes No
Was Car towed from Scene? Yes No Is car drivable? Yes No

SECTION 3 - ACCIDENT INFORMATION (Please answer all questions)

How did the Accident Occur? (Brief Description in your own words)

Were you charged by the Police in this accident? Yes No What was the charge? _____
Are you accepting responsibility for this accident? Yes No
If no, explain why? _____

SECTION 4 - THE OTHER VEHICLE IN THE ACCIDENT (Please answer all questions)

Names(s) of other Party involved in accident _____
Where is the Damage on the OTHER car(s)? _____
Were there any witnesses to this accident? If so, list their names, telephone number and address:
Witness 1: _____
Witness 2: _____
Witness 3: _____



P.O. Box 9109, Charlotte Amalie
St. Thomas, VI 00801
Tel. (340) 776-8050
Fax (340) 774-2343

LOSS NOTICE PACKAGE
Automobile

SECTION 5 - TELL US ABOUT ANY INJURIES (Please answer all questions)

Were there any passengers in your car? If so, list names, relationship, age and any injuries below:

Table with 4 columns: Names, Age, Relationship to You, Nature of Injuries. Includes three empty rows for data entry.

NOTE: The attached Medical, Employment and Insurance Authorizations are to be signed only if you intend to file a claim for injuries.

Were you injured? If so, what is the nature of your injury?

Two horizontal lines for text entry regarding the nature of injury.

Do you intend to seek medical attention? If yes, list name(s) of doctor(s) and hospitals and medical clinics:

Three horizontal lines for text entry regarding medical attention.

Did you place your medical injury claim under your own group health insurance plan? If yes, name of medical carrier?

One horizontal line for text entry regarding medical carrier.

SECTION 6 - OTHER

Is there anything we have not asked that you would like us to know regarding this accident/incident?

Three horizontal lines for text entry regarding other information.

I represent to Guardian Insurance Company by my signature on this document, that the statement and information given on this Loss Notice document is true and correct to the best of my knowledge. I further represent to Guardian that no information regarding this accident/incident has been concealed or misrepresented in any way and the information is freely given to Guardian Insurance Company.

Date Signature Print Name

General Policy Provisions (For Insureds only): We do not provide coverage for any "insured" who has made fraudulent statements or engaged in fraudulent conduct in connection with any accident or loss for which coverage is sought under this policy.

Title 14 Virgin Islands Code Section 842, provides as follows:

"Whoever -

- (1) presents any false or fraudulent claim, or any proof in support of any such claim, upon any contract of insurance for the payment of any loss; or
(2) prepares, makes or subscribes any account, certificate, survey, affidavit, or proof of loss, or other book, paper, or writing with intent to present or use the same, or to allow it to be presented or used in support of any such claim -

shall be fined not more than \$1,000 or imprisoned not more than 5 years, or both."

Thank you for your Loss Notice submission. Upon confirmation of coverage, our staff will be in touch with you to begin the processing of your claim.