



Fleet Incident Reporting Procedures

Effective fleet incident reporting procedures are a critical component of a successful fleet safety program. They enable companies to reduce costs, prevent injuries, illnesses, and property damage, and improve overall operational efficiency. To support this, organizations should establish clear and consistent procedures for reporting and managing fleet-related incidents. A key element of these procedures is ensuring that incident report forms are readily available for every vehicle within the fleet.

If an organization does not have a reliable method for collecting incident information and reporting claims, the development and implementation of a fleet incident reporting program will be recommended. Tools such as the Chubb Business Vehicle Incident Report Form (below) and the Crash Investigation Guide can assist in streamlining post-incident procedures. This toolkit is designed to help mitigate risks and enhance safety by providing structured guidance and coaching to drivers after an incident.

Glove Compartment

Ensure the following items are stored in the insured vehicle:

- Vehicle Registration
- Insurance ID Card
- Insurance Agent or Broker's Business Card
- The Company's Incident Reporting Policies and Procedures
- A Pen or Pencil

Steps to Follow in the Event of a Collision

Stop and Secure the Scene

- Stop the vehicle and turn off the ignition.
- Remain at the scene of the crash.
- Check for injuries to yourself (the driver) and passengers.
- Check for injuries to occupants of other vehicles or pedestrians.
- Use flares or emergency markers to cordon off the scene.

Contact Emergency Services

- Call the police/emergency services using 911 or the local emergency number.
- Follow the directions of the responding police officer.

Exchange Information

- Exchange driver and insurance information with the other party.
- Avoid assessing blame or assuming responsibility.

Document the Scene

- Gather witness information.
- Take detailed photographs of:
 - The vehicle and the damage it sustained.
 - Other vehicles or objects involved and their damage.
 - Visible brake or skid marks.
 - License plates of all vehicles involved.
 - Any parts, glass, or debris on the road.
- The general crash site, including intersections, street signs, traffic signals, parking lots, or other relevant items.

Report the Incident

- Complete the included incident report.
- Call the employer to advise them and follow company procedures. Alternatively, call ESIS Claims for immediate claim reporting.
- Email the completed incident report and photos to the insurance claim department.

By following these steps, can help ensure a smooth and efficient response to any collision.

Learn More & Connect

For more information on protecting your fleet, contact your local risk engineer, visit the [Chubb Risk Consulting Library](#), or check out www.chubb.com/riskconsulting.

Incident Report

Important: If possible, fill in this form at the scene of an crash. Report all incidents immediately to Chubb:

1-866-607-4722 ESIS Claims

Remember to take detailed photos of the crash scene. See the accompanying brochure for additional information.

Name of Company

Police Report

Name of Officer

Precinct/Municipality Incident# Badge#

Summons Issued

Description of Incident

Date/Time

Location (street, city, state)

Estimate Speed of Vehicles

Description of What Happened

Who Received Violation?

Weather Conditions

Road Conditions

Traffic Conditions

Diagram

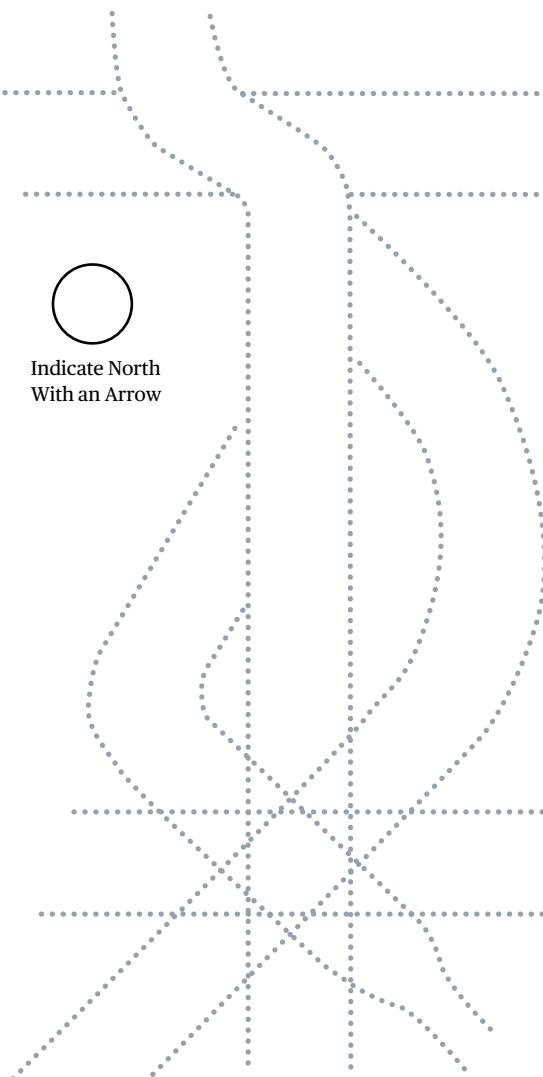
If possessing a printed copy, use a pen or pencil to outline the road/traffic configuration of the crash scene. Include the names of highways and the direction of vehicles, and designate your vehicle and others.

A

Your Vehicle

B

Other Vehicle(s)



Other Vehicle Involved in the Crash

Driver

Age

Address

Telephone

Email

Driver's License Number

State

Vehicle Year

Make

Model

License Plate* Number and/or VIN

Owner of Vehicle

Address

Telephone

Insurance Company

Policy Number

Nature and Extent of Damage

Number of Passengers

Statements Made by Driver

Injured Person(s)

Name _____ Age _____

Address _____

Telephone _____

Email _____

Driver Passenger Position in Vehicle

Pedestrian

Vehicle (check one): Insured Other N/A

Nature and Extent of Injury _____

Ambulance Called? Yes No

Name _____ Age _____

Address _____

Telephone _____

Email _____

Driver Passenger Position in Vehicle

Pedestrian

Vehicle (check one): Insured Other N/A

Nature and Extent of Injury _____

Ambulance Called? Yes No

Your Vehicle

Vehicle Year _____ Make _____ Model _____

Driver _____

Driver's License Number _____ State _____

Nature and Extent of Damage _____

Number of Passengers _____

Additional Comments _____

Witnesses

Name _____

Telephone _____

Email _____

Name _____

Telephone _____

Email _____

Additional Comments

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