



HOW TO FILE A CLAIM

19800 Oatfield Road
Gladstone, OR 97027-2546
Telephone: 503-850-3500
Fax: 503-654-5657
www.OregonConference.org

AUTO

CLAIM INFORMATION

IMMEDIATE AND TIMELY REPORTING IS CRITICAL

DOCUMENTATION NEEDED: *(TO ACCOMPANY COMPLETED CLAIM FORM)*

- If an attorney is involved, provide name and address.
- Have papers been served? If so, when? Attach a copy.
- Copies of medical bills, if any.

ADDITIONAL DOCUMENTATION NEEDED FOR MEDICAL PROFESSIONAL LIABILITY SITUATIONS:

- Medical Records
- Incident Report
- Any statements by medical personnel.

PROCEDURE:

Please send above information to Oregon Conference Risk Management. ARM may assign an adjuster in complex situations, it is important for you to cooperate with them. If there are any problems, let us know immediately.

INFORMATION SHOULD BE SENT BY MAIL, EMAIL OR FAX:

Oregon Conference of Seventh-day Adventist

Attn: Risk Management

19800 Oatfield Road
Gladstone, OR 97027

Wendy Kessler, Administrative Assistant, Risk Management

OFFICE: (503) 850-3553 - FAX: (503) 850-3453

EMAIL: wendy.kessler@oc.npuc.org

Or

Simona Cardwell, Director, Risk Management

OFFICE: (503) 850-3522 - FAX: (503) 850-3422

EMAIL: simona.cardwell@oc.npuc.org



AUTOMOBILE LOSS NOTICE

12501 Old Columbia Pike - Silver Spring, MD 20904

OFFICE: (301) 680-6870 | FAX: (301) 680-6878

EMAIL: claims@adventistrisk.org

▷ **INSURED:**

CHURCH, SCHOOL OR OTHER:
CONFERENCE/MISSION:

CONTACT NAME:
CONTACT EMAIL:

CONTACT - HOME PHONE:
CONTACT - WORK PHONE:

▷ **LOSS INFORMATION:**

MONTH	DAY	YEAR	TIME	AM	PM
LOCATION OF ACCIDENT - ADDRESS:			CITY:	STATE:	ZIP CODE:
DATE REPORTED TO POLICE (MM/DD/YYYY):		POLICE REPORT NUMBER:	VIOLATIONS / CITATIONS:		
DESCRIPTION OF ACCIDENT/NATURE OF ACTIVITY (USE ADDITIONAL SHEET IF NECESSARY)					

▷ **INSURED VEHICLE:**

YEAR, MAKE, MODEL:	M.I.		LAST NAME:	V.I.N. (LAST 5 DIGITS OF ID#):	EMAIL ADDRESS:	CITY:	STATE:	ZIP CODE:
OWNER - FIRST NAME:	M.I.		LAST NAME:	EMAIL ADDRESS:	CITY:	STATE:	ZIP CODE:	
ADDRESS:								
DRIVER - FIRST NAME:	M.I.		LAST NAME:	EMAIL ADDRESS:	CITY:	STATE:	ZIP CODE:	
ADDRESS:								
RELATIONSHIP TO INSURED:	DATE OF BIRTH: (MM/DD/YYYY)		PURPOSE OF VEHICLE USE:	WAS DRIVER INJURED?	YES	NO		
DESCRIBE DAMAGE:				USED WITH PERMISSION?	YES	NO		
ESTIMATE AMOUNT:	WHERE CAN VEHICLE BE SEEN? - ADDRESS:		CITY:	STATE:	ZIP CODE:			

▷ **DAMAGED PROPERTY:** FOR VEHICLE INFORMATION OTHER THAN ABOVE

DESCRIBE PROPERTY (IF AUTO: YEAR, MAKE, MODEL, PLATE NO):								
INSURANCE COMPANY OR AGENCY NAME & POLICY # (IF ANY):								
OWNER - FIRST NAME:	M.I.		LAST NAME:	HOME PHONE:	WORK PHONE:			
ADDRESS:				CITY:	STATE:	ZIP CODE:		
DRIVER - FIRST NAME:	M.I.		LAST NAME:	HOME PHONE:	WORK PHONE:			
ADDRESS:				CITY:	STATE:	ZIP CODE:		
DESCRIBE DAMAGE:				ESTIMATE AMOUNT:	WAS DRIVER INJURED?	YES	NO	
WHERE CAN VEHICLE BE SEEN? - ADDRESS:	CITY:		STATE:	ZIP CODE:				

▷ **PASSENGERS:** USE ADDITIONAL SHEETS IF NECESSARY

NAME:	M.I.	LAST NAME:	PHONE NUMBER:	INJURED?	YES	NO
ADDRESS:			CITY:	STATE:	ZIP CODE:	
NAME:	M.I.	LAST NAME:	PHONE NUMBER:	INJURED?	YES	NO
ADDRESS:			CITY:	STATE:	ZIP CODE:	
NAME:	M.I.	LAST NAME:	PHONE NUMBER:	INJURED?	YES	NO
ADDRESS:			CITY:	STATE:	ZIP CODE:	

▷ **WITNESSES:** USE ADDITIONAL SHEETS IF NECESSARY

NAME:	M.I.	LAST NAME:	PHONE NUMBER:			
ADDRESS:			CITY:	STATE:	ZIP CODE:	
NAME:	M.I.	LAST NAME:	PHONE NUMBER:			
ADDRESS:			CITY:	STATE:	ZIP CODE:	

▷ INCIDENT REPORTED BY:

DATE (MM/DD/YYYY):

▷ LOSS NOTICE COMPLETED BY:

DATE (MM/DD/YYYY):

▷ SIGNATURE OF INSURED'S AUTHORIZED REPRESENTATIVE:

DATE OF SIGNING (MM/DD/YYYY):