

CHANGE IN AUTO CLAIMS

Effective July 1, 2012

New: Automobile claim reporting by telephone and fax

New: Website for accident reporting

Automobile claim reporting by telephone and by fax

On and after July 1, 2012 report automobile incidents to Capstone ISG

By telephone: 1-866-729-9655

By fax: 1-804-744-9601

Website for accident reporting

Capstone ISG has designated part of its website for the exclusive use of Division of Risk Management Plan Members. To reach this section of their website, type this address into your browser: <http://capstoneisg.com/cov>

The website's Commonwealth of Virginia section includes:

- automobile loss notice form that can be filled in on-line
- instructions for submitting the necessary information along with the automobile loss notice

And, for your convenience,

- a link to Capstone's email box to transmit the completed form.

Questions about this message or about the Crawford to Capstone transition? Contact us: DRMAdmin@trs.virginia.gov

COMMONWEALTH OF VIRGINIA

REPORTING AGENCY'S INFORMATION

NAME:	CELL PHONE:
ADDRESS:	BUSINESS PHONE:
CONTACT PERSON:	OTHER PHONE: FAX:
REFERENCE #:	E-MAIL:

GENERAL LOSS INFORMATION

DATE/TIME:	
DESCRIPTION:	
AGENCY DRIVER NAME & CONTACT #	
AUTHORITY/REPORT #	
AGENCY VEHICLE LOCATION:	
AGENCY VEH. IDENTIFICATION #:	AGENCY LICENSE PLATE #:

DAMAGED PROPERTY

VEHICLE? <input type="radio"/> YES <input type="radio"/> NO	
DESCRIBE PROPERTY: (if auto, yr, make, model, plate#)	OTH VEH/PROP INS? <input type="radio"/> YES <input type="radio"/> NO
INS. COMPANY/AGENCY NAME:	
POLICY #:	
OWNER'S NAME & ADDRESS	Cell #
	Bus. #
OTHER DRIVER'S NAME & ADDRESS	Cell #
	Bus. #
DESCRIBE DAMAGE:	ESTIMATE AMOUNT
	WHERE CAN VEHICLE BE SEEN?

INJURED

NAME & ADDRESS	PHONE #		EXTENT OF INJURY
		<input type="checkbox"/> PED <input type="checkbox"/> Ins Veh <input type="checkbox"/> Oth Veh ___AGE	
		<input type="checkbox"/> PED <input type="checkbox"/> Ins Veh <input type="checkbox"/> Oth Veh ___AGE	
		<input type="checkbox"/> PED <input type="checkbox"/> Ins Veh <input type="checkbox"/> Oth Veh ___AGE	
		<input type="checkbox"/> PED <input type="checkbox"/> Ins Veh <input type="checkbox"/> Oth Veh ___AGE	
		<input type="checkbox"/> PED <input type="checkbox"/> Ins Veh <input type="checkbox"/> Oth Veh ___AGE	
		<input type="checkbox"/> PED <input type="checkbox"/> Ins Veh <input type="checkbox"/> Oth Veh ___AGE	

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE #		OTHER (Specify)
		<input type="checkbox"/> Ins Veh <input type="checkbox"/> Oth Veh	
		<input type="checkbox"/> Ins Veh <input type="checkbox"/> Oth Veh	
		<input type="checkbox"/> Ins Veh <input type="checkbox"/> Oth Veh	
		<input type="checkbox"/> Ins Veh <input type="checkbox"/> Oth Veh	
		<input type="checkbox"/> Ins Veh <input type="checkbox"/> Oth Veh	
		<input type="checkbox"/> Ins Veh <input type="checkbox"/> Oth Veh	

REPORTED BY	REPORTED TO	SIGNATURE OF AGENCY	DATE
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_____ Insert your initials here if submitting this form electronically, which will serve as your electronic signature.

EFFECTIVE AT 12:01am ON 7-1-2012

IN CASE OF ACCIDENT, PLEASE CALL

Capstone ISG at

1-866-729-9655

IF YOU HAVE AN ACCIDENT

STOP IMMEDIATELY

DO NOT LEAVE THE SCENE

CALL 911

State employees must notify the State Police of all automobile accidents

GET NAMES AND PHONE NUMBERS OF WITNESSES

Fill out the accident forms and notify your supervisor

DO NOT make a statement to anyone other than the police, your employer,
Capstone or the Division of Risk Management

CAPSTONE: 1-866-729-9655

