**EMERGENCY ROADSIDE ASSISTANCE**

## **VEHICLE DISABLEMENT**

If your vehicle becomes disabled for any reason and requires Emergency Roadside Assistance to get you back on your way, contact the MSIG Claims Call Center at **866-676-6872.**

* Emergency Roadside Assistance is an included benefit for all MSIG Auto Policyholders.
* Follow the prompts to report an auto claim.
* Have your policy information available.
* Customer is responsible for all service fees in excess of available Towing coverage. \*

Service availability – 24/7/365

\* To secure you and your vehicle, MSIG will pay the covered cost of roadside assistance up front, subject to reimbursement from you for amounts that exceed your Towing coverage limit. If no Towing coverage applies, you would owe MSIG full reimbursement of roadside assistance.

If you have an accident, follow these instructions:

1. Stop and investigate.
2. Call medical aid for anyone who appears to be injured.
3. Notify Police.
4. Report all accidents to ***866-676-6872***
5. Obtain names and addresses of all witnesses.
6. Do not admit liability to anyone.
7. Do not discuss the accident with anyone except police or a representative of your company.
8. Do not sign a statement for anyone except a representative of your company, unless advised to do so by your attorney.

Contacts below applicable only if coverage is provided under the Policy.

**Glass Claims: Contact MSIG Claims Call Center at 866-676-6872 for prompt repair or replacement of your damaged windshield.**

Car Rentals: Call Enterprise
800-RENTCAR 800-736-8227
Account #: SMA24EA


Mitsui Sumitomo Marine Management (U.S.A.), Inc. 15 Independence Blvd., P.O. Box 4602 Warren, NJ 07059

**Emergency Accident Report KIT**



(Customized with Client Name Here)

(Policy Number)

IN CASE OF AN ACCIDENT FOLLOW THE INSTRUCTIONS INSIDE THIS FOLDER

Keep this in the glove

compartment of your car

MSIG refers to the insurers underwriting coverage: Mitsui Sumitomo Insurance Company of America; Mitsui Sumitomo Insurance USA Inc.; and MSIG Specialty Insurance USA, Inc. and their manager, Mitsui Sumitomo Marine Management (U.S.A.), Inc. Not all insurers do business in all jurisdictions. All coverage is subject to the language of the policies as issued.

# **POLICE REPORT**

Name of Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Badge No.: \_\_\_\_\_\_\_\_ Precinct:\_\_\_\_\_\_\_\_

Was Summons Issued? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INJURED**

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

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

* Driver
* Pedestrian
* Rider – Your Car
* Rider - Other Car

Nature of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INJURED**

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

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

* Driver
* Pedestrian
* Rider – Your Car
* Rider - Other Car

Nature of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER VEHICLE DAMAGED**

Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Owner: \_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year/Make/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Insurance Co.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITNESSES**

(1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR VEHICLE**

Year/Make/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Damage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL CLAIMS MUST BE REPORTED TO:**

 ***866-676-6872***

**or by utilizing the following:**



## <https://www.interactclaims.com/MSMM/newclaim.jsp>

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