

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 USA Claims Call Center at **(866) 676-6872.**

- Emergency Roadside Assistance is an included benefit for all MSIG USA 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 USA 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 USA 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 USA 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

MSIG USA. Inc.

15 Independence Blvd., P.O. Box 4602 Warren, NJ 07059

Emergency Accident Reporting Kit

IN CASE OF AN ACCIDENT FOLLOW THE INSTRUCTIONS INSIDE THIS FOLDER

Keep this in the glove compartment of your car

MSIG USA refers to the insurers underwriting coverage: Mitsui Sumitomo Insurance Company of America; Mitsui Sumitomo Insurance USA Inc.; and MSIG USA 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.

A Member of MSSAD INSURANCE SROUP



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	
Difference	
Driver: Owner:	
Address:	
Telephone:	
Year/Make/Model:	
VIN #:	
Insurance Co.:	

WITNESSES

(1) Name:
Address:
Telephone:
(2) Name:
Address:
Telephone:
YOUR VEHICLE
YOUR VEHICLE
YOUR VEHICLE Year/Make/Model:
YOUR VEHICLE Year/Make/Model: VIN #:



ALL CLAIMS MUST BE REPORTED TO:

(866) 676-6872

Nature of Damage:

or by utilizing the following:

interactclaims.com