



California Horsemen's Safety Alliance

Please Post in Barn Office

FIRST NOTICE

Call AIG Claim Services at (877) 399-6442

TRAINER NAME _____
POLICY NUMBER _____

WHEN REPORTING A CLAIM TO **AIG**, YOU WILL BE ASKED A SERIES OF QUESTIONS BY THE OPERATOR REGARDING THE ACCIDENT OR INJURY. **BY HAVING THE ANSWER TO THESE QUESTIONS IN FRONT OF YOU BEFORE YOU CALL THE 877 NUMBER YOU CAN SIGNIFICANTLY DECREASE THE AMOUNT OF TIME SPENT ON THE CALL.**

EMPLOYER'S INFORMATION

TRAINER'S FIRST AND LAST NAME
DATE OF INCIDENT/INJURY
TRACK LOCATION
IS THIS THE ADDRESS WHERE THE EMPLOYEE WORKS?

EMPLOYEE'S INFORMATION

NAME AND SOCIAL SECURITY NUMBER
HOME PHONE
ADDRESS
DATE OF BIRTH
MARITAL STATUS
OCCUPATION
EMPLOYMENT STATUS (FULL TIME PART TIME, TEMP)
DATE OF HIRE
WAGES (HOURLY-MONTHLY)
HOURS WORKED PER DAY/DAYS WORKED PER WEEK
WAS FULL PAY RECEIVED FOR THE DAY OF THE INJURY? DID SALARY CONTINUE?

ACCIDENT/INJURY INFORMATION

TIME OF ACCIDENT
DATE EMPLOYER NOTIFIED
LAST DATE EMPLOYEE WORKED, DATE EMPLOYEE RETURNED TO WORK
WHAT PART OF THE BODY WAS INJURED?
CAUSE OF THE INJURY
WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED AND IN USE?
DESCRIBE THE ACCIDENT - HOW DID IT OCCUR?
DESCRIBE THE EMPLOYEES ACTIVITY AT THE TIME OF THE INCIDENT
WAS EMPLOYEE SENT FOR MEDICAL TREATMENT?
NAME OF DOCTOR AND PHONE #

POST INJURY

MAKE SURE EMPLOYEE KEEPS MEDICAL APPOINTMENTS – ASK EMPLOYEE FOR “WORK STATUS SHEET” FROM MEDICAL FACILITY. CLAIM WILL NOT CLOSE UNTIL THERE IS AN OFFICIAL MEDICAL DISCHARGE.