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JOB DESCRIPTION – ORM-C400

Depending on the line of coverage an Adjuster is assigned to, some of the following duties may not be fully applicable.

Claims Adjuster 1

This is basic insurance claims adjusting and training work which involves further development of skills and techniques necessary to independently handle insurance claims. Claims processed are those covered under the self-insurance program which encompasses all types of multi-line property and casualty insurance coverage (property, auto liability, workers' compensation, medical malpractice, general liability, road hazards, etc.)

The position utilizes computerized claims processing system, extensive reference materials, forms and documents, comprehends and applies benefits provided in insurance contracts. Documents information and maintains necessary reports and files.

The person in this job performs the following:

- Receives and reviews notice of loss along with supporting documentation, verifies coverage and processes claim data in a computerized claims processing system.
- Performs investigations and acquires pertinent information necessary to validate insurance coverage and accurately apply benefits of insurance contracts.
- Contacts state agencies, claimants, medical facilities, etc., during claims investigation and evaluation process.
- Obtains recorded statements from injured party and witnesses, takes photographs and requests police reports.
- Requests and reviews medical reports, claimant reports, damage estimates, and medical bills and invoices to determine if items billed are related to the loss.
- Reviews claim forms and supporting documents to support establishment of claim.
- Assigns complex cases for referral to medical specialists, vocational rehabilitation specialists and/or consultants for expert opinions and evaluations.
- Reviews and pays invoices on computerized claims processing system.
- For some claims, may evaluate incoming requests for claim histories for staff physicians, resident interns and other healthcare providers who may be under contract with the State.
- Completely compares and verifies newly received information with existing records for possible matches and/or to establish a pattern of losses.
- Utilizes computer queries for claims.

DOA ORM Claims: Claims Adjuster 1-4 – Transportation

- Is responsible for requesting issuance of contracts to defense attorneys, contract adjusters, experts and other contract vendors, and monitoring them to ascertain that they are approved timely.
- Maintains current valid contracts, reissuing and amending as necessary.
- Reviews contract vendor's bills for appropriateness and accuracy, adjusting any inappropriate charges, then approves and requests payment for services rendered.
- Prepares a claims history sheet for new claims utilizing detailed information gathered from existing computer records.
- Requires extensive knowledge of the claims process for the line of insurance in which working, whether medical malpractice, workers' compensation, road hazards, general liability, property, auto liability or auto physical damage and familiarity with computer codes which designate particular phrases in the process.
- Coordinates a process to transfer information gathered on certain claims to appropriate parties that have an interest in the claim outcome. This may include copies of pertinent legal documents.
- Reviews diary on claim suspense to ensure timely processing of claims and payment of invoices.
- Reviews work of independent adjusters, rehabilitation firms and other professionals assigned to cases that may be under contract with the State.
- Processes requests for payments of related charges after determining if fees are reasonable and customary or unnecessary or unrelated.
- Sends notice to appropriate party if charges are unrelated to injury or damaged loss or if the charges exceed the fee schedule.
- When handling workers' compensation claims, payment of invoices for medical services must be fee scheduled and processed for payment within sixty (60) days of receipt by this office. Otherwise, we can be faced with penalties and attorney fees.
- Obtains estimates for work to be done to modify homes and to purchase and modify vehicles for handicapped claimants.
- Establishes and monitors reserves on all types of claims and requests increases as appropriate as proper reserving of claims aids in premium development and have a direct impact on the state's fiscal liability.
- Meets with agency personnel, public and private officials as well as other professionals to establish and maintain daily relationships of a complex nature at the highest level requiring a high degree of tact and diplomacy.
- Provides information and advisory services to claimants with future medical care claims, workers' compensation claimants, caregivers, attorneys, vendors, nurse case managers, health care providers/networks and credentialing agencies. Goes on field travel required to accomplish some of these tasks.
- Refers cases involving the potential for salvage and subrogation recovery to the subrogation unit.

DOA ORM Claims: Claims Adjuster 1-4 – Transportation

- Attends meetings and conferences as may be required for information regarding coverage and/or to obtain or assist in the current handling/closing process for a specific claim.
- Attends training/educational opportunities in order to gain additional knowledge and improve job performance.
- Engages in joint projects with the loss prevention unit and the underwriting unit, coordinating the activities in addressing and resolving problems in specific agencies and departments which have produced or could result in personal injury and/or property damage.
- Is ready and able to travel to any part of the State of Louisiana or elsewhere.
- Performs any and all other duties assigned, which includes but is not limited to transfer/reassignment to other claims units.

Claims Adjuster 2-4

Adjusters 2-4 are in a training series and have the same job description.

This is a highly responsible advanced journeyman position dealing with the investigation and management of claims relative to any of the lines of coverage handled by the Louisiana Self-Insurance Program. This requires advanced knowledge of claims investigation, claims law, insurance coverage, civil and criminal law and procedures, court rulings and procedures, and medical terminology. Advanced training and experience in claims investigation and adjusting are required. It is necessary in the performance of these duties to be ready and able to travel to any part of the State of Louisiana or elsewhere.

The person in this job performs the following:

- Investigates, evaluates, and negotiates the most complex personal, casualty, and property claims.
- Performs field investigation tasks including but not limited to:
 - Inspecting an accident site
 - Developing facts of an accident from any physical evidence available
 - Taking photographs
 - Taking measurements
 - Inspecting vehicles for damages/defects
 - Making field notes
 - Making sketch drawings of accident scenes
 - Performing background checks on claimants
 - Researching agency documents
 - Obtaining recorded statements from claimants, witnesses, law enforcement officers, etc.
- Investigates, evaluates and resolves serious, complicated compensation and jurisdictional issues.

DOA ORM Claims: Claims Adjuster 1-4 – Transportation

- Evaluates litigated and non-litigated cases involving but not limited to all levels of temporary, permanent, and/or multiple disabilities, future medical care payments, etc.
- Evaluates findings, prepares written report and makes recommendations toward further handling of the claim which would include settlement/defense if the case is in litigation.
- Handles litigated and non-litigated files with reserves in excess of \$1,000,000 which include but are not limited to the following types of cases:
 - Catastrophic losses
 - Quadriplegia
 - Paraplegia
 - Double amputation
 - Brain damage
 - Total blindness

Note: These claims are mandated to be reported to the Excess Carrier

- Resolves unique coverage issues including cumulative trauma cases where coverage may involve multiple carriers or claims.
- Provides notice and updates to excess carrier regarding any claim which may exceed the state's primary policy limits.
- Determines litigation, prepares claims with attorneys for legal action, attends mediations and trials and testifies in court concerning the results of investigations conducted.
- Directly supervises cases on appeal, excess carrier cases and second injury fund cases.
- Identifies and refers cases involving salvage and potential subrogation recovery to the subrogation unit for handling.
- Must maintain daily relationships of a complex nature with public and private officials at the highest level requiring a high degree of tact and diplomacy.
- Oversees the rehabilitation of injured workers, working closely with the rehabilitation counselors in an effort to return the claimant to a gainful occupation.
- Evaluates permanent partial and permanent total disability cases upon completion of the rehabilitation program to determine claimants' occupational ability and/or settlement value of the case.
- Contacts treating physicians and/or arranges independent examinations of claimants with a medical specialist.
- Assumes an active role in litigation management.
- Maintains direct and constant contact with the assigned defense counsel.
- Evaluates cases involving litigation, working closely with the assigned attorney in developing strategy, budget, etc.

DOA ORM Claims: Claims Adjuster 1-4 – Transportation

- Obtains legal opinions and case evaluations from defense attorney especially on cases requiring legal interpretation and/or posing major financial losses to the state.
- Is responsible for analyzing, planning, and managing activities of counsel in determining responses to pleadings, motions, discovery, etc.
- Authorizes the taking of necessary depositions of employees, plaintiffs, or expert witnesses.
- Supervises in the preparation of state employees for trial.
- Attends trials and offers defense counsel assistance and evaluates performance of counsel.
- Is responsible for requesting issuance of contracts to experts and other contract vendors.
- Is responsible for monitoring contracts for professional services and requesting amendments when necessary.
- Analyzes results of contracted services upon completion of work product.
- Works closely with defense counsel in determining plan of action and a litigation budget based upon complexity and exposure of case.
- Reviews bills received on all vendors providing contracted services for accuracy and appropriateness making adjustments as necessary, then approves for payment.
- Authorizes payment of benefits, damages, and/or judgments. This includes receipt of invoices, verification of services/equipment, etc.
- Consults with claimants and/or their attorneys concerning the possibilities of settlement of claims.
- Receives and reviews all bills associated with the claim, reducing costs as necessary and approving for payment.
- Coordinates claims through an exchange of information and/or by acting as a liaison with other State agencies, e.g., social security, unemployment, retirement system, family security, police departments, group benefits, Office of the Attorney General, etc.
- Makes recommendations and participates in the development of policies and procedures for the claims unit. Assumes the duties of State Risk Adjuster 5 in his/her absence.
- Attends meetings and conferences as required for information regarding coverage and/or to obtain or assist in closing a specific file.
- Attends training/educational opportunities in order to gain additional knowledge and improve job performance.
- Performs any and all other duties as assigned.
- Adjusters, Supervisors and Managers are subject to be moved to another unit at the discretion of management.

INTRODUCTION – ORM-C401

Claims Assigned Claims Adjuster's in the various departments perform some activities the same. The procedures are designed so that the activities that are in common are listed in General Procedures, ORM-C800's. Activities that are specific to Transportation because of the nature of the work performed are listed in this set of procedures.

Cases handled by the Transportation unit are usually for windshields or auto accidents involving state vehicles or state employees in their own or rented vehicle on state business. For state employees in their own vehicles on state business, the case is handled only after the individual's insurance is exhausted. Therefore, those cases usually involve lawsuits.

The Transportation unit also handles ferry boat cases.

The Claims Adjuster in Transportation resolves claims and tries to avoid litigation.

These procedures include procedures performed by Claims Adjuster 4's, 3's, 2's, and 1's. Responsibility for each procedure is assigned.

OVERVIEW OF TRANSPORTATION UNIT CLAIMS – ORM-C402

Responsibility

The Transportation Unit State Risk Claims (SRC) Adjuster 5 stays abreast of new laws and regulations involving the Transportation Unit and serves in a supervisory role of Adjusters 3 and 4 in the Transportation Unit. Activities include, but are not limited to, handling claims associated with automobile, aviation, and wet marine as described in this procedure.

Forms or Reference Material Required

Introduction – ORM-C400

Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide (current fiscal year)

Procedure

Automobile

Automobile Comprehensive and Collision

Automobile comprehensive and collision coverage includes physical damage to licensed vehicles regardless of year, model, owned, hired, or borrowed (excluding an auto owned by an employee or by a family member of the employee's household). There is a \$1000.00 deductible applicable for comprehensive losses, and a \$1000.00 deductible for each collision loss. Refer to the current fiscal year Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide for details regarding coverage and deductibles for comprehensive losses and for each collision loss.

Automobile Liability (Mandatory)

Automobile liability coverage protects the State of Louisiana against bodily injury and/or property damage claims arising from the ownership or operation of licensed vehicles that are owned, used by, or leased to the State. It applies immediately to newly acquired vehicles. There is no deductible for this coverage. Refer to the current fiscal year Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide.

Automobile Non-Owned Liability (Mandatory)

The State of Louisiana is protected against claims arising from the operation of an employee's personally-owned vehicle while on State related business. Automobile non-owned liability coverage pays for losses in excess of the auto liability limits provided by the policy on the individual employee's vehicle and covers liability of the State employee

as well. In addition, it offers protection to the State for the operation of licensed vehicles hired or borrowed by the State. Refer to the current fiscal year Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide for details.

Aviation

Aircraft Hull

Physical damage to airplanes and/or helicopters that are owned, used by, or rented to the State is covered under this section. The deductible is \$1000.00 per occurrence. Refer to the current fiscal year Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide for details.

Aircraft Liability (Mandatory)

Aircraft liability coverage protects the State of Louisiana, the insured budget agency, and its employees (pilots) against bodily injury and property damage claims arising from the ownership and/or operation of airplanes and/or helicopters which are owned, used by, or rented to the State. There is no deductible for this coverage. Refer to the current fiscal year Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide for details.

Airport Liability (Mandatory)

Airport liability policy covers the State of Louisiana against bodily injury and property damage claims arising from the ownership and/or operations of a State-owned airport. There is no deductible for this coverage. Refer to the current fiscal year Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide for details.

Wet Marine

Hull and Machinery on Boats/Ships/Tugs (Over 26 feet in length) (Mandatory)

This policy insures loss or damages to a vessel covered by the policy including its machinery, fittings, and equipment. There is a \$1000.00 deductible for this coverage. Refer to the current fiscal year Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide for details.

Protection and Indemnity of Boats/Ships/Tugs (Over 26 feet in length) (Mandatory)

This coverage insures the State's liability for loss of life or bodily injury; property on another ship; property other than on a ship, such as goods on a wharf, dock, bridge, etc. There is no deductible for this coverage.

NOTE: Usually the property damage liability to others is covered under Protection and Indemnity.

DOA ORM Claims: Claims Adjuster 1-4 – Transportation

NOTE: Boats 26 feet or less and rowboats (non-motorized) of any length are covered by the Buildings and Property policy.

There is no deductible for this coverage. Refer to the current fiscal year Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide for details regarding amounts self-insured by ORM and commercial excess per occurrence. Usually the property damage liability to others is covered under Protection and Indemnity, but in some cases it could be covered under hull and machinery.

NOTE: Boats 26 feet or less and rowboats (non-motorized) of any length are covered by the Building and Property for hull coverage and the General Liability Policy for any liability claims.

SET UP NEW CLAIM FILE – ORM-C403

Responsibility

The assigned Claims Adjuster performs the following activities for transportation claims.

Forms or Reference Material Required

ORM-C800 Claims Adjuster 1-4 General – Set Up New Claim File section

Accident Report

DA-2041 (La. State Driver Safety Program) or Fleet Message

#DOTD 03-18-3023 – vehicle and hull claims

#DOTD 03-18-3024 – pedestrians injured on the ferry

Transportation IA Assignment letter (g:\Claims-General\ORMtemplates)

Transportation Claimant Letter (g:\Claims-General\ORMtemplates)

Statement of Accident form (g:\Claims-General\ORMtemplates)

Acknowledgment Letters (g:\Claims-General\ORMtemplates)

Proof of Loss statement (g:\Claims-General\ORMtemplates)

Total Loss letter (g:\Claims-General\ORMtemplates)

Procedure

Litigated Claims

Refer to ORM-C800 Claims Adjuster 1-4 General – Set Up New Claim File section

If the defense attorney requests a certified copy of the claimant's insurance policy, request the certified copy via email and forward a copy of the email to the attorney.

Third Party Auto Liability and Marine

Generally, a loss notice or Accident Report is received by the Claims Adjuster 5 who assigns the case to an assigned Claims Adjuster. The State Police will fax a Fleet Incident Report. Adjuster 5 maintains a copy of the Accident Report/loss notice for 18 months. If the accident involves an injury, an independent contract adjuster (IA) is assigned to the case.. If IA is assigned, the Claims Adjuster 5 gives the assigned Claims Adjuster the name and number of the IA to use.

DOA ORM Claims: Claims Adjuster 1-4 – Transportation

ACCIDENT REPORT
LOUISIANA STATE DRIVER SAFETY PROGRAM

Submit report to ORM within 48 hours of accident

1. Agency Name: **COMPLETE AGENCY NAME**
 2. State Vehicle Driver Name (PRINT)
 3. Driver's Social Security No.
 4. Phone
 5. Lic. Code
 6. Date of Accident
 7. Type of Accident: All Part

8. Exact Location of Accident (Use street numbers, mileage markers, etc., to pinpoint location)

9. Describe how accident happened
 Yes No

STATE VEHICLE INFORMATION
 If other than vehicle damage, fill in as much as possible on other vehicle's section, substituting property owner information for vehicle driver.

10. State Vehicle Driver's Address (Street No., City, State, Zip Code)
 11. Home Phone
 12. Work Phone

13. Driver's Lic. No.
 14. Age
 15. Sex
 16. Vehicle Owner's Name and Address
 17. Home Phone
 18. Work Phone

19. Year Vehicle
 20. Make Vehicle
 21. Model Vehicle
 22. Body Type
 23. Vehicle Lic. No./Exp. No./City
 24. When car/vehicle to be used? Other (describe usage)

OTHER VEHICLE INFORMATION
 If more than one vehicle is involved, repeat additional sheet with information on other vehicles.

25. Other Vehicle Driver's Name
 26. Driver's Social Security No.
 27. Driver's License No.
 28. Age
 29. Sex
 30. Other Vehicle Driver's Address (Street No., City, State, Zip Code)
 31. Home Phone
 32. Work Phone

33. Vehicle Owner's Name and Address (Street No., City, State, Zip Code)
 34. Year Vehicle
 35. Make Vehicle
 36. Model Vehicle
 37. Body Type
 38. Vehicle Lic. No. of Lic. No.
 39. When car/vehicle to be used? Other (describe usage)

40. Other Vehicle Insurance Co.
 41. Policy No.
 42. Estimated Damage
 43. Estimated Amount \$

INJURED

44. Name and Address
 45. Phone
 46. Sex
 47. Age
 48. Police Investigated? Yes No

49. Name and Address
 50. Phone
 51. Sex
 52. Age
 53. Type Report: Inmate Sheriff City

54. Name and Address
 55. Phone
 56. Sex
 57. Age
 58. Report No. (Start No.)

WITNESSES OR PASSENGERS

59. Name and Address
 Witness Passenger
 60. Phone
 61. Sex
 62. Age
 63. Other (if Student)

64. Name and Address
 Witness Passenger
 65. Phone
 66. Sex
 67. Age
 68. Other (if Student)

69. State Driver's Signature
 70. Name of Driver's Immediate Supervisor and Phone No.

ORM Accident Report form (DA2041)

1. Enter the claim into STARS. Refer to ORM-C800 Claims Adjuster 1-4 General – Set Up New Claim File section. Print the STARS Abstract.
2. Claim numbers are assigned by STARS according to coverage code, date of loss and claimant name.
3. If there is an IA to be assigned to the case, call the IA and outline the activities that are to be performed and follow the assignment with written communication. Maintain a copy of the letter or email in the file. Refer to General Procedures ORM-C806, Contracts. Send a copy to the IA, the Contract/Grants Reviewer Supervisor and the agency.
4. If an IA is not assigned to the case, call the claimant and give the claimant your name, telephone number, the claim number, and ask for a copy of the vehicle registration, current insurance card. ORM may utilize the services of an appraiser or request 2 itemized repair estimates from the claimant. Follow-up with a claimant letter requesting the information needed. If the vehicle is not drivable, assign a contract appraiser to look at the vehicle. Additionally, if the vehicle loss is 70% or more of the value of the vehicle, send an appraiser to look at the vehicle.
5. Send the claimant a Statement of Accident form and request that the form be completed. Request 2 photos.
6. Log the claim onto the Activity Report and STARS Attachments/Notes for 30 days. Refer to ORM-C800 Claims Adjuster 1-4 General – Diary and Activity Report section.
7. Forward the STARS Abstract, Activity Report, DA2041, and instructions to the Administrative Coordinator, who will type any needed letters and create a claim folder for the assigned Claims Adjuster.

DOA ORM Claims: Claims Adjuster 1-4 – Transportation


State of Louisiana
 DIVISION OF ADMINISTRATION
 OFFICE OF RISK MANAGEMENT

M. J. "MIKE" FORSTER, JR.
 DIRECTOR

MARK J. FROEMER
 COMMISSIONER OF ADMINISTRATION

January 14, 2003

Timothy Darby
 1021 Hickory Dr.
 Morgan City, LA 70380

RE: Our Test Agt: ULL/5360
Date of Accident: 10/6/02
Our File No.: 03L/10080ARBY

Dear Mr. Darby:

OFFICE OF RISK MANAGEMENT is handling the above claim and your help would be appreciated. Please complete the documents checked below and return them to us in the enclosed pre-addressed envelope. Thank you for your cooperation.

1. Two itemized repair estimates on your vehicle.
 2. Copy of the current State Vehicle Registration on your vehicle.
 3. Photos of the area(s) of damage on your vehicle (if possible).
 4. Please have the driver of your vehicle complete the enclosed Statement of Accident form.
 5. Copy of current insurance card.
 6. Other:

Please advise me as soon as possible if your vehicle is being stored at a wrecker yard or a body shop. If you have any questions, please call me at (225) 219-4425.

Sincerely yours,

James D. Martin
 State Risk Claims Adjuster
 JDM/

Attachment(s)

POST OFFICE BOX 9805 • BATON ROUGE, LA 70804-0985
 (225) 342-3000
 AN EQUAL OPPORTUNITY EMPLOYER

Example form letter to claimant

- Send the claimant the form letter requesting items needed along with the Statement of Accident Form with the top portion completed. The claimant is to complete the form and return it to the Claims Assigned Claims Adjuster.

STATEMENT OF ACCIDENT CLAIM NUMBER: 11 *Assignment complete*

Date of Accident: _____ Time: _____

Where did accident happen? _____

Number of persons in your car? _____ Number of persons in other car? _____

Make of your car _____ License plate number _____ Year Model _____

Owner's name and address _____

Driver's name _____ Age _____ License number _____

Driver's address _____

What parts of your car were damaged? _____ When? _____

Where can your car be seen? _____

What Company carries your automobile insurance? _____

Were you injured? _____ Was anyone injured? _____ Give name, age, and address of all those injured _____

Nature of injuries _____

Name and address of doctor _____

Where does injured person work? _____

Make of other car _____ License plate number _____

Owner's name and address _____

Rate of Speed and direction of travel _____ (your vehicle) _____ (other vehicle)

Describe accident _____

(if more space is needed, use other side of this sheet)

Names and addresses of all witnesses (include all occupants of your car) _____

Did you report accident to authorities? _____ Where (Street address)? _____

Signed _____ Date _____

Address _____

Telephone number _____

Statement of Accident form

- When the Statement of Accident Form is received from the claimant, verify the insurance information. Insurance can be verified by telephone, fax, voice mail, mail, or internet as needed. If the claimant reports injury, notify the Adjuster 5 for an IA assignment.
- Diary for a month. Diary that a letter is being sent requesting items needed for the claim. Print the screen. If the claimant does not respond within 30 days, send a follow-up letter to the claimant and re-diary for 30 days. If claimant fails to respond to follow-up within 30 days, discuss possible closure of file with Claims Adjuster 5.

DOA ORM Claims: Claims Adjuster 1-4 – Transportation

ACCIDENT REPORT
LOUISIANA STATE DRIVER SAFETY PROGRAM

Submit report to ORM within 48 hours of accident

1. Agency Name: **COMPLETE AGENCY AT TIME** 2. Policy No. 3. Phone 4. Loc. Code

5. State Vehicle Driver Name (PHR) 6. Driver's Social Security No. 7. Date of Accident 8. Type of Accident AA PA

9. Exact Location of Accident (Use street numbers, mileage markers, etc., to pinpoint location)

10. DESCRIBE HOW ACC. HAPPENED
 Yes No

STATE VEHICLE INFORMATION
If other than vehicle damaged, fill in as much as possible on "Other Vehicle" section substituting property owner information for vehicle driver.

11. State Vehicle Driver's Address (Street No., City, State, Zip Code) 12. Home Phone 13. Work Phone

14. Driver's Lic. No. 15. Age 16. Sex M F 17. Vehicle Owner's Name and Address 18. Age 19. Sex M F

19. Year Vehicle Motor Vehicle Motor Vehicle Boat Type 20. Vehicle Lic. No./Equip. No./VIN 21. When last vehicle was seen? 22. Estimated Damage \$

OTHER VEHICLE INFORMATION
If more than one vehicle is involved, repeat additional sheet with information on other vehicles.

23. Other Vehicle Driver's Name 24. Driver's Social Security No. 25. Driver's License No. 26. Age 27. Sex M F

28. Other Vehicle Owner's Address (Street No., City, State, Zip Code) 29. Home Phone 30. Work Phone

31. Other Vehicle Owner's Name and Address (Street No., City, State, Zip Code) 32. Year Vehicle 33. Motor Vehicle 34. Boat Type 35. Vehicle Lic. No. of L.S. No. 36. When last vehicle was seen? 37. Policy No. 38. Estimated Damage \$

INJURED

39. Name and Address 40. Phone 41. Age 42. Sex M F 43. Police Investigated? Yes No

44. Name and Address 45. Phone 46. Age 47. Sex M F 48. Type Report: Inmate Sheriff City

49. Name and Address 50. Phone 51. Age 52. Sex M F 53. Report No. (Start No.)

WITNESSES OR PASSENGERS

54. Name and Address Witness Passenger 55. Phone 56. Age 57. Sex M F 58. Other (if Steno)

59. Name and Address Witness Passenger 60. Phone 61. Age 62. Sex M F 63. Other (if Steno)

64. State Driver's Signature 65. Name of Driver's Immediate Superior and Phone No.

ORM Accident Report form (DA2041)

1. Enter the claim in STARS. Claim numbers are assigned by STARS according to coverage code, date of loss and claimant name.
2. Initiate the Adjuster's Activity Report and STARS Attachments/Notes.
3. Print out the STARS Abstract; enter the initial diary entry. Forward the Adjuster's Activity Report, STARS Abstract, DA2041 and whatever documentation is available along with instructions on form letter to the Administrative Coordinator. The Administrative Coordinator puts the information forwarded into a file and generates the appropriate form letter (see Acknowledgment Letters below). If the claim is to be subrogated, refer to ORM-C800 General procedure – Case Management / Subrogation Process section.
4. When the folder and its contents are returned by the Administrative Coordinator, verify, sign and mail the form letter.

Vehicle Not Drivable or Possible Total Loss

This section applies only to state owned vehicles:

1. Determine if the vehicle might be a total loss by looking up its book value in NADA. If the repair estimates are within about 75% of the NADA book value, the vehicle may be a total loss.
2. If the state vehicle is not drivable or may be a total loss, give the Accident Report or file to the unit supervisor and request an appraiser. The unit supervisor selects an appraiser and returns the file.
3. Call the appraisal firm and outline the activities that are to be performed. Have the Administrative Coordinator type a follow-up letter to the appraisal firm. Verify and mail the letter. Maintain a copy of the letter in the file.
4. Log the claim onto the Activity Report. Refer to ORM-C805, Diary and Activity Report.

DOA ORM Claims: Claims Adjuster 1-4 – Transportation

5. If Appraiser determines the vehicle is repairable, fax the appraisal to the agency involved with a cover letter stating the agency involved is to have the vehicle repaired and they will be paid the amount in the report. The appraisal replaces 2 estimates.
6. If the agency or repair shop finds more damage than the appraiser reported, call the appraiser and send the appraiser to re-examine the vehicle and send a supplementary report.
7. If the appraiser determines that the vehicle is a total loss, the appraiser completes a Loss Worksheet which includes:
 - The appraiser's opinion of the actual cash value (acv) of the vehicle
 - 3 dealer quotes
 - 3 salvage bids
 - NADA calculation
8. If the vehicle is a total loss, prepare a Proof of Loss statement. The Proof of Loss statement is on G:\General claims\Ormtemplates. Complete the fields as follows:
 - Claim number
 - Policy number
 - Agency location
 - Amount of policy
 - Inception/expiration dates
 - Vehicle insured
 - Model, trade name, type body, serial number, motor number (if have)
 - Accident date, time (if have), and description
 - Agency owner
 - No interest by outside party
 - No exceptions to total insurance
 - Actual cash value (ACV)
 - Total insurance = ACV - \$1000 (deductible)
 - Whole loss = ACV
 - Amount named in policy = ACV - \$1000
 - Amount claimed under policy = ACV - \$1000
 - Discharge ORM from all claims by agency
9. Send the Proof of Loss statement to the agency with a Total Loss letter.
10. Total Loss letter samples are on the g:\ drive and include the following:
 - Name and address of contact, ORM claim number, agency, driver's license number, and vehicle
 - ACV
 - High salvage bid (from IA worksheet)
 - Final amount (ACV-\$1000-high salvage bid)

DOA ORM Claims: Claims Adjuster 1-4 – Transportation

- If the vehicle was towed to a site that requires storage to be paid, include a few days in the storage yard and have the storage yard send the invoice. Inform the agency that if the vehicle is left at the storage facility beyond the date, the agency will be responsible for the storage. Allow \$50 in town and \$100 elsewhere for towing.
- Summary of the claim (ACV + wrecker/storage bill – salvage – deductible + towing fee to agency = amount of check to agency)
- Request that any inquiries contain the claim number
- cc LPAA

11. When the agency returns the Proof of Loss with notarized signatures, complete a Claims Payment Form for the claim.

12. If the case involves subrogation, forward requested information to the subrogation unit per ORM-C800 General procedure – Case Management / Subrogation Process section.



State of Louisiana
OFFICE OF RISK MANAGEMENT

R. J. "BOB" POTTER, II
DIRECTOR

September 24, 2003

MARC C. GREENBERG
CHIEF OF ADMINISTRATION

Page 2
ORM CLAIM #
Date: 9/24/03

SUMMARIZING THE CLAIM

ACV Figure: \$
Add'l Wrecker/Storage Bill: \$
Total: \$
Less salvage: \$
Less deductible: \$200.00
Total amount of claim: \$
Add-on towing fee to agency: \$
Amount of your check: \$

If the address is not the person who handles the matter, please forward this letter to the appropriate person. We ask that you use our ORM claim number shown above on all correspondence and when calling our office. If you have any questions, please call this office at (225) 342-3447.

Sincerely yours,

Marc C. Greenberg
State Risk Claims Adjuster

Encl: as above

cc:
Shelly Hill
LPAA

CLAIM NO.: _____ **AUTOMOBILE SWORN STATEMENT IN PROOF OF LOSS** **REPORT POLICY NO.:** _____

DATE: _____ **PERSON DATE:** _____

CITY: _____ **STATE:** _____ **EXPIRES DATE:** _____

INSURANCE POLICY NO.: _____ **OFFICE OF RISK MANAGEMENT**

TYPE OF LOSS: _____ **TYPE OF BODY OR PROPERTY DAMAGE:** _____ **VEHICLE MAKE:** _____ **VEHICLE MODEL:** _____ **VEHICLE YEAR:** _____

DATE AND TIME OF LOSS: _____ **DATE OF OCCURRENCE:** _____ **ABOUT THE HOUR OF:** _____ **COLOR:** _____

DESCRIPTION OF LOSS: _____

STATEMENT OF DAMAGES: _____

STATEMENT OF SUBROGATION: _____

STATEMENT OF REPAIRS: _____

STATEMENT OF SETTLEMENT: _____

Example Proof of Loss Letter and Proof of Loss

Acknowledgment Letters

There are 4 types of acknowledgment letters for accidents. One is for state vehicles with damage estimated to be less than deductible (14.5 letter); the second is for state vehicles with damage estimated to be more than deductible (13.5 letter); the third is for rental vehicles; and the fourth is for personal car used on state business.

Damage Less Than Deductible

1. If the accident involves a rental or a state vehicle and if damage is less than \$1000, the claim will not be entered into STARS and an Acknowledgment Letter (14.5) will be sent. On the Accident Report indicate that the Acknowledgment Letter is to be sent and highlight the information to be included: location code, collision, vehicle, driver, license plate number, date, and on a sticky note the type of acknowledgment letter, claim number and contact the letter goes to.

DOA ORM Claims: Claims Adjuster 1-4 – Transportation

2. Give the Accident Report to the Administrative Coordinator. The Administrative Coordinator generates the 14.5 letter. Verify, sign and make a copy of the letter.
3. Retain the copy of the letter attached to the Accident Report. Mail the original letter to the contact.
4. When the agency contact responds, if the damage is less than the deductible of \$1000, the agency handles the repair. Retain the Accident Report, 14.5 letter copy, and copy of the returned response for at least a year filed by date of loss.
5. When the agency contact responds, if the damage is more than the deductible, set up a claim as above.



M. J. "MIKE" FOSTER, JR.
GOVERNOR

State of Louisiana
DIVISION OF ADMINISTRATION
OFFICE OF RISK MANAGEMENT

MARK C. DRISSENI
COMMISSIONER OF ADMINISTRATION

September 24, 2003

RE: Physical Damage Claim
ORM#: []
Insured's Vehicle:
Driver's Name:
Date of Loss:
Location code/Agency: /
Applicable Deductible: \$1000

Dear :

Our office is in receipt of your DA2041 and/or Fleet Message on the above referenced subject.

We ask that you tell us whether or not your Agency will present a claim by indicating below and returning this letter to the writer:

- ___1. The two repair estimates are below the deductible.
___2. The Agency will present a claim and we are attaching our two repair estimates for your consideration.

Sincerely,

Jason Evans
State Risk Claims Adjuster

JE/mar

POST OFFICE BOX 9486 • BATON ROUGE, LA 70804-9486
(225) 343-4200 • Fax (225) 342-4470
AN EQUAL OPPORTUNITY EMPLOYER

Example 14.5 Acknowledgment Letter for State Vehicles

Damage More Than Deductible

1. For state vehicles, the 13.5 letter is sent to the contact in the agency and includes the following:
 - Identification of the claim with ORM claim number, insured's name and location code, vehicle identification, and driver's license number
 - Request for 2 itemized repair estimates
 - Request a complete copy of the police report. NOTE: If agency does not provide, ORM adjuster should obtain a copy.
 - Request for a final invoice
 - Request that all correspondence include the ORM claim number

DOA ORM Claims: Claims Adjuster 1-4 – Transportation



State of Louisiana
DIVISION OF ADMINISTRATION
OFFICE OF RISK MANAGEMENT
July 11, 2003

MARK C. DRENNEN
COMMISSIONER OF ADMINISTRATION

ORM Claim No.:
Page 2

If the Agency will not present a claim, please indicate below the reason and return this letter to the writer as soon as possible:

- ___ 1. The adverse party/carrier (negligent party) will pay for the damages to the vehicle.
- ___ 2. The two repair estimates are below the deductible.
- ___ 3. The vehicle will be/has been surplusued out.
- ___ 4. Other (explain)

RE: Physical Damage Claim
ORM No.:
Ins'd. and Loc. Code:
Ins'd's Vehicle:
D/L:

Dear:

In order to help us to process your claim in a timely manner, please forward the items listed below as soon as possible:

- ___a. Two itemized repair estimates(sales tax excluded)
- ___b. A complete copy of the police report.
- ___c. Final invoice.

You may start repairs related to the accident described above (using the lowest repair estimate) unless the vehicle falls into one of these categories:

1. Five years old and the repair estimate exceeds \$1500.00 or
2. Three years old and the repair estimate exceeds \$5,000.00.

In these cases, please do not start repairs but mail to us the two estimates immediately so we can review them to determine if the vehicle should be repaired or deemed as a total loss.

It is the agency's responsibility to contact by phone this adjuster/examiner immediately if a state-owned vehicle is drawing or incurring storage charges/fees while located at a dealership, body shop, wrecker yard or any other facility due to this referenced claim/loss.

Our claim files are identified entirely by our ORM number. If we are unable to match a document supplied by you with our ORM number, the claim can not be processed. Please attach a copy of this letter and/or write the complete ORM number on all returned item(s). Please give this writer the ORM number when calling in. Thank you in advance for your cooperation.

Sincerely yours,

POST OFFICE BOX 9400 • BATON ROUGE, LA 70804-0095
(225) 342-4800 • Fax (225) 342-2418
AN EQUAL OPPORTUNITY EMPLOYER

Example 13.5 Acknowledgment Letter for State Vehicles

Rental Vehicles Used by State Agency

1. For rental vehicles, the letter is sent to the contact in the agency and includes the following:
 - Identification of the claim with ORM claim number, insured's name and location code, vehicle identification, and date of loss
 - Request for the rental agreement
 - Request for a memo from the driver describing the address coming from and address going to and purpose of the business when the accident occurred
 - Request for a memo from the driver's supervisor stating that the driver had permission to rent the vehicle and why
 - Request for a repair estimate
 - Request for a copy of the police report NOTE: If agency does not provide, ORM adjuster should obtain.
 - Request that all correspondence include the ORM claim number

DOA ORM Claims: Claims Adjuster 1-4 – Transportation



M. J. "MIKE" FORTER, JR.
GOVERNOR

State of Louisiana
DIVISION OF ADMINISTRATION
OFFICE OF RISK MANAGEMENT

MARIE C. GREENMAN
COMMISSAIRE OF ADMINISTRATION

September 24, 2003

Fran Guerin
LSU-Baton Rouge
Public Safety Bldg./S. Stadium Rd
Baton Rouge, LA 70803

Re: Physical Damage Claim on Rental Vehicles
ORM No.: 03F/0630LSUBR
Insured and Loc. Code: LSU/4420
Insured's Vehicle: 03 Ford E350 vin 0748
Date of Loss: 06/30/03

Dear Ms. Guerin:

In order to help us to process your claim in a timely manner, please forward the items listed below as soon as possible:

- 1. The first page of the La. State Driver Safety Program (DA2041) completed.
- 2. Copy of the Rental Agreement.
- 3. A memo from the driver stating the purpose for renting the vehicle. Please tell us in writing the address of where you were going and coming from at the time of the accident.
- 4. A memo and/or letter from your appropriate supervisor stating that you had permission from the agency to use the rental vehicle for State business.
- 5. Copy of the repair estimate and/or appraisal for your vehicle.
- 6. Copy of the Police Report.
- 7. Other:

Please return a copy of this letter so we can identify our claim file. If you have any questions, please call this writer at (225) 342-6467. Thank you in advance for your cooperation.

Sincerely yours,

Jason Evans,
State Claims Adjuster

POST OFFICE BOX 94015 • BATON ROUGE, LA 70894-0015
(225) 342-8300 FAX (225) 342-4470
AN EQUAL OPPORTUNITY EMPLOYER

Example Acknowledgment Letter for Rental Vehicles

Personal Vehicles Used on State Business

1. For personal vehicles being used on state business, the state reimburses the individual only on "collision" accidents (see policy for collision definition). The individual's insurance is still the primary carrier. The state pays the deductible or the amount of the estimate if damage is less than the deductible up to \$1,000. Send a letter to the individual owner of the vehicle and include the following: NOTE: Items with an * are required from the claimant prior to settlement of the claim.
 - Identification of the claim with ORM claim number and the individual's name
 - Request for a copy of the Uniform Motor Vehicle Crash Report or Police Incident Report. If not provided by claimant, the ORM adjuster should obtain.
 - *Request for the Declaration page from the Insurance Carrier (insurance card is not sufficient)
 - *Request for a letter from the insurance agent showing the declaration page and that insurance was in effect at the time of the accident
 - *Request for a memo from the claimant's supervisor authorizing the individual to use his/her personal vehicle on state business
 - *Request for estimate of repair if the damage is less than the deductible
 - *Request for a copy of the vehicle registration
 - *Request a written or recorded statement from the driver stating the purpose of the trip, the starting location of the trip and the intended destination.
 - *Request for a letter from the driver stating that payment has not been received from the other party's insurance
 - Request for photographs of the accident/vehicle when required

DOA ORM Claims: Claims Adjuster 1-4 – Transportation



H. J. "MIKE" FOSTER, JR.
GOVERNOR

State of Louisiana
DIVISION OF ADMINISTRATION
OFFICE OF RISK MANAGEMENT

MARK C. GREENEN
COMMISSIONER OF ADMINISTRATION

July 11, 2003

**Re: Reimbursement of Collision Deductibles for Employees'
Personally Owned Vehicles used on State Business**

ORM No.:

Dear:

Our office needs the following items from you in order to consider and/or process your claim on the above subject:

- 1. The first page of the La. State Driver Safety Program (DA2041) completed.
- 2. Copy of the Police Report.
- 3. Copy of the Declaration Page and a letter from insurance agent verifying this policy was effective at time of the accident.
- 4. A memo from your appropriate supervisor stating that you had permission from the agency to use your personal vehicle for State business.
- 5. Copy of the repair estimate and/or appraisal for your vehicle.
- 6. Copy of the State Vehicle Registration.
- 7. Please tell us in writing the address of where you were going and coming from at the time of the accident.
- 8. A signed & dated statement from the vehicle owner stating that he/she has not received any payment in whole or in part from the other vehicle owner's insurance.

Please return a copy of this letter so we can identify our claim file. If you have any questions, please call this writer at the number below. Thank you in advance for your cooperation.

Sincerely yours,

Jason Evans/ Transportation Unit (225) 342-8467
JE/mar

POST OFFICE BOX 8486 • BATON ROUGE, LA 70804-8486
1025-342-8400 • FAX 225-342-8419
AN EQUAL OPPORTUNITY EMPLOYER

Example Reimbursement Letter for Personal Vehicles

CLAIMS PAYMENTS – ORM-C404

Responsibility

The assigned Claims Adjuster performs the following activities for making claims payments.

Forms or Reference Material Required

ORM-C800 Claims Adjuster 1-4 General – Claims Payments section

Claims Payment Form

DA-2073, Vehicle Glass

NAGS price list for windshields

Release of All Claims form

Treatment forms sent to medical facilities (see #2 below)

Procedure

Paying Claims Invoices

Bodily Injury

The Transportation Unit Claims Adjuster handles non-litigated bodily injury claims. Upon notification of a claim involving bodily injury, the claims adjuster should take immediate steps to ascertain the medical condition of the claimant. The claims adjuster should consult with the Unit Supervisor (when appropriate) to determine the best course of action. The ORM Adjuster should question any Uniform Motor Vehicle Crash Reports supplied by 3rd party claimants or plaintiff attorneys. Always obtain an official copy of the Uniform Motor Vehicle Crash Report from the police agency that investigated the crash. If a discrepancy is found between the copies supplied by the claimant/attorney in comparison to the official copy, the ORM adjuster should notify the Unit Supervisor or Manager to determine if insurance fraud should be reported to the authorities.

1. When claimant completes treatment, request all progress notes, written reports, or other medical information and all invoices from everyone the claimant has seen using proper medical authorization.
2. If medical facilities require their own forms, they send their forms to the assigned Claims Adjuster. The assigned Claims Adjuster forwards a copy of the forms to the claimant.
3. **All new claims involving bodily injury must be diaried for no more than 90 days.** If the claimant continues treatment for more than 90 days, consult the Unit Supervisor to determine if an Independent Medical Exam is warranted.

DOA ORM Claims: Claims Adjuster 1-4 – Transportation

4. When all medical reports/invoices have been received and evaluated, obtain appropriate settlement authority (see ORM-C800 General procedure – RSA section)
5. Once authority is obtained, make an offer to the claimant or claimant attorney. If the offer is refused, negotiate with the claimant until an acceptable amount is reached. If no agreement can be reached, the claimant may file suit.
6. When the offer is accepted, send a Release of All Claims form to the claimant or claimant attorney. When the Release of All Claims is signed by the claimant and returned, enter claim information on a Claims Payment Form and obtain appropriate approval signatures. File the Release of All Claims in the case file.

Property Damage

1. For property damage greater than \$5000 or if there is an indication that there might be a problem with the claim (i.e. BI claim), ensure the Property Damage Release is signed by the claimant and returned. File the Property Damage Release in the case file.
2. Enter claim information on a Claims Payment Form.

PROPERTY DAMAGE RELEASE
ORM CLAIM NO.:

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, being of lawful age, for and in consideration of Dollars (\$) to be paid to _____ (hereinafter "insured") and for the purpose of being executed, administered, successored and assigned release, shall and lawfully release and discharge and they, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associates or partnerships of and from any and all debts, claims, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now heretofore or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the occurrence on or about the _____ day of _____, at or near _____.

I, a witness, do hereby certify that this document is the compromise of a disputed and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said release may finally resolve a claim and shall accept to most proper and best effect.

The undersigned further (declines) and waives all(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not a mere receipt.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this _____ day of _____.

CAUTION: READ BEFORE SIGNING BELOW

Witness _____ LS

Witness _____ LS

Witness _____ LS

STATE OF _____ COUNTY/PARISH OF _____

On the _____ day of _____, before me personally appeared _____

to be known to be the person(s) named herein and who executed the foregoing Release and _____ acknowledged to me that _____ voluntarily executed the same.

My term expires _____

NOTARY PUBLIC

Example Property Damage Release

Repair of State Vehicles

1. The state agency should provide two (2) estimates or may request the assignment of an appraisal service from ORM. When the invoice is received, match the low estimate/appraisal, final invoice, and police report. Verify that all damages claimed are related and process payment Refer to ORM-C800 Claims Adjuster 1-4 General – Claims Payments section

2. If the estimate and final invoice agree, fill out a Claims Payment Form, verify approval authority signatures are on the Claims Payment Form, and forward the Claims Payment Form, with invoice attached, to the Administrative Coordinator.
3. In the event that the estimate and final invoice do not match or final invoice is not received, contact the agency and request any information needed to process the claim. Diary claim for 30 and a follow-up until information is received. Use the diary to track progress of the case. Refer to ORM-C800 Claims Adjuster 1-4 General – Diary and Activity Report section.
4. If subrogation potential exists, refer to ORM-C800 General procedure – Case Management / Subrogation Process section.

Repair of Rental Vehicles

1. The agency may obtain two (2) estimates or request the assignment of an appraisal service from ORM and the vehicle is repaired. When the invoice is received, match the low estimate or appraisal, final invoice and police report. Verify that all damage is related.

If the estimate/appraisal and final invoice match. Issue payment Refer to ORM 800 Claims Adjuster 1-4 General – Claims Payments section. If the check is to be made out to the vendor repair shop, if possible send the check to the agency to forward to the vendor so that the agency can close out the case.

2. If the agency has paid the vendor repair shop, request a copy of the check and invoice to show the vendor repair shop was paid. When received, send a check made payable to the agency.

Repair of Personal Vehicles

For personal vehicles being used on state business, the state reimburses the individual deductible payments up to \$1000 on personal vehicles used on state-related business for “collision” only (see policy for definition). The individual’s insurance is still the primary carrier. If the vehicle is covered for collision, the policy will pay the amount of any collision deductible required to a maximum of \$1000 per loss. If the vehicle has no collision coverage, the policy will pay a maximum amount of \$1000 per loss. If the repair costs less than \$1000, the policy will pay up to the cost of repair.

If the state employee was not at fault in the collision and the negligent party/s insurance pays for the loss of the employee’s vehicle, then no reimbursement is allowed.

1. When all requested documents are received, complete the Claims Payment Form for the claim.
2. Send the check to the registered owner of the vehicle.

In-House Repair State Vehicle

An agency may elect to repair its fleet motor vehicles if the agency has qualified employees to repair the damage and the maximum amount for repairs does not exceed \$3000.00 based on the commercial vendor’s lowest repair estimate.

DOA ORM Claims: Claims Adjuster 1-4 – Transportation

1. Ensure the agency submits two (2) repair estimates from commercial vendors on the damaged vehicle.
2. If the vehicle is a total loss or not drivable, request the assignment of a contract appraiser.
3. Obtain an itemized worksheet listing the parts and labor. Ensure copies of invoice(s) for parts are attached. If the agency is purchasing and keeping stock bulk parts to repair fleet vehicles and do not have individual receipts for each part used in the repair job, obtain a signed, typed memo on letterhead from the shop manager or designee stating on an attachment that part(s) listed were used in the repair and actual price paid by the agency. The memo must be attached to the worksheet and must be signed and dated by the shop manager or designee.
4. Only State employees who possess the skill needed to perform the repairs according to manufacturer's guidelines and procedures are approved to repair state owned vehicles.
5. Reimburse the agency for labor for each state employee working on the vehicle up to a maximum of \$23.00 per hour. Do NOT reimburse the agency for fringe benefits.

Windshields

Windshield Claims to State Owned Vehicles

For first party windshield damage claims to State-owned vehicles where the windshield damage exceeds the deductible of \$1,000, the agency should complete the ORM Vehicle Glass Repair form (DA2073). The Claims Adjuster should request two estimates and should pay the lower of the two estimates, less the \$1,000 deductible.

Third Party Windshields

For third party windshield damage claims caused by state-owned licensed vehicles, send a claimant letter requesting:

- Proof of insurance
 - Copy of vehicle registration
 - 2 quotes for the windshield repair
1. Diary the claim for 30 days.
 2. When claimant information is returned, determine liability based on case facts.
 3. If the state is not liable, send the claimant a denial letter.
 4. If the state is liable, pay the lower of the 2 quotes to the registered owner of the vehicle. Complete Claims Payment.

Issue Settlement Check

Refer to ORM-C800 Claims Adjuster 1-4 General – Claims Payments section.

W-9 Requests

Interest Calculations

RESERVES – ORM-C405

Responsibility

The Claims Assigned Claims Adjuster performs the following activities for setting reserves.

Forms or Reference Material Required

ORM-C800 Claims Adjuster 1-4 General – Reserves section

Procedure

When setting up a claim, generally reserve the following unless you have an estimate on file for less:

- \$1500 for an Independent Adjuster (IA)
- \$2000 if there is bodily injury
- \$2000 for property damage

DIARY AND ACTIVITY REPORT – ORM-C406

Responsibility

The Claims Assigned Claims Adjuster performs activities for diary and activity report logging.

Forms or Reference Material Required

ORM-C800 Claims Adjuster 1-4 General – Diary and Activity Report section

Procedure

CONTRACTS – ORM-C407

Responsibility

The Claims Assigned Claims Adjuster performs activities for contracts per ORM-C800 Claims Adjuster 1-4 General – Contracts section

Forms or Reference Material Required

Procedure

Contract Diaries

Independent Adjuster

Experts

Contract Payments

1524 Payments

Out-of-State Travel

REQUEST FOR SETTLEMENT AUTHORITY – ORM-C408

Responsibility

The Claims Assigned Claims Adjuster performs activities for requesting settlement authority per ORM-C800 Claims Adjuster 1-4 General – RSA section

Forms or Reference Material Required

Procedure

CLAIMS COUNCIL – ORM-C409

Responsibility

The Claims Assigned Claims Adjuster performs activities for Claims Council per ORM-C800 Claims Adjuster 1-4 General – Claims Council section.

Forms or Reference Material Required

Procedure

MISCELLANEOUS ACTIVITIES– ORM-C410

Responsibility

The Claims Assigned Claims Adjuster performs miscellaneous activities per ORM-C800 Claims Adjuster 1-4 General – Miscellaneous Activities section.

Forms or Reference Material Required

Procedure

Excess Carrier Notification

Reservation of Rights

Meetings

CLOSE A FILE – ORM-C411

Responsibility

The Claims Assigned Claims Adjuster performs activities to close a file per ORM-C800 Claims Adjuster 1-4 General – Close a File section.

Forms or Reference Material Required

Procedure