

[Company Header/Logo]

[Date]

[Policyholder Name]

[Fleet Department/Contact Person]

[Address Line 1]

[Address Line 2]

Subject: Claims Procedure for Commercial Delivery Fleet Expansion Policy #[Policy Number]

Dear [Contact Name],

Following the recent expansion of your commercial delivery fleet, we are providing this formal guide to ensure the efficient handling of insurance claims. Please distribute this procedure to all fleet managers and drivers.

1. Immediate Actions at the Scene

In the event of an accident or incident:

- Ensure the safety of all parties and seek medical attention if required.
- Contact the police immediately if there are injuries or significant property damage.
- Exchange details with third parties (Names, contact info, vehicle registration, and insurance providers).
- Capture photographic evidence of vehicle damage, road conditions, and license plates.
- Do not admit liability at the scene.

2. Reporting the Claim

All incidents must be reported within [Number] hours, regardless of fault. Please use one of the following channels:

- **Claims Hotline:** [Phone Number]
- **Online Portal:** [URL]
- **Email:** [Email Address]

3. Required Documentation

To process your claim, please provide:

- A completed Fleet Incident Report Form.
- The driver's name and license number.
- Police report reference number (if applicable).
- Dashcam footage or witness contact details.

4. Repairs and Assessment

Once a claim is initiated, an adjuster will be assigned to inspect the vehicle. Please do not

authorize permanent repairs until you have received written approval from [Insurance Company Name].

If you have any questions regarding these procedures, please contact your account manager at [Phone Number].

Sincerely,

[Signature]

[Name]

[Title]

[Insurance Company Name]