On-Line Claims Reporting
Benefits Of Reporting On-Line

• Safe & Secure Transmittal Of Personal Data (SSN, Drivers License Number, Wages, etc.)

• Instant Acknowledgment Of Submittal

• Internal Controls (Who? When?)
Log-In Credentials

• Request Access (Through David Bergey – dbergey@accg.org)

• Secure ID & Password

• Different From Marsh Policy Management Credentials

• Multiple Users Allowed
Decisions, decisions, decisions!

Or

Or

Or
Step 1 - www.ACCG.org

Click here to begin
The New Beginning

Click here to enter your claim
Choose IRMA or Workers’ Compensation

Choose a Template

- IRMA Claim
- WC Claim
Example Of Claim With Multiple Damages

In order to submit...all questions with an * must be answered

**IRMA INITIAL ENTRY**

In order for the ACCG Claims Department to better handle your claim, we ask that you answer the following questions:

* Are you reporting a Claim for damage to the County vehicle? 
  - Yes  - No

* Are you reporting damage to another vehicle caused by the County driver? 
  - Yes  - No

* How many other vehicles were damaged? 
  - 1

* Are you reporting damage to other County property (i.e., buildings, contents, equipment, computers, mobile equipment, etc.)? 
  - Yes  - No

* Are you reporting any other liability claim?  
  - Yes  - No

* Remember that any injury to a County employee needs to be reported separately to GSIWCF as a Workers' Compensation claim

[Next]  [Cancel]

*Indicates a required field
<table>
<thead>
<tr>
<th><strong>County Vehicle Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>*County Driver Last Name</td>
</tr>
<tr>
<td>Driver's Phone Number</td>
</tr>
<tr>
<td>*County Driver First Name</td>
</tr>
<tr>
<td>County Driver Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Vehicle Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Model Year</td>
</tr>
<tr>
<td>Make</td>
</tr>
<tr>
<td>Model</td>
</tr>
<tr>
<td>VIN (last 4 digits)</td>
</tr>
</tbody>
</table>
Non-County-Owned Vehicle #1

**Owner Last Name**

Carnahan

**First Name**

Kevin

**Vehicle Information**

**Model Year**

2015

**Make**

Toyota

**Model**

Camry

**Address**

Georgia

**City**

**State**

**Zip**

**Home Phone Number**

404-555-1212

**Work Phone Number**

**Cell Phone Number**

**Was the driver injured?**

- Yes  - No

**Were there injuries to the passengers?**

- Yes  - No

**County Property Damage**

**Describe Property**

NW corner of the County courthouse.

**Street Address of Property**

555 Main Street

**Contact person at property**

Ms. Sheila Hanlon
Confirm & Submit

When your supervisor wants a copy of the submission too.

Report Information

*Your Name
David Bergey

*Position
Tester

*Telephone Number
678 - 225 - 4242

*Your Email Address
dbergey@acgg.org

Email Address to Send Copy of Claim Report:
jsmith@acgg.org

Back
Submit
### Attach & Upload Documents

<table>
<thead>
<tr>
<th>Description</th>
<th>County Vehicle Damage</th>
<th>Related to</th>
<th>Attach Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Accident</td>
<td>2/21/2020</td>
<td>county vehicle</td>
<td></td>
</tr>
<tr>
<td>Place of Accident/Exposure</td>
<td>Main Street, Dallas, GA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deputy rear-ended other vehicle, which then rolled into the County courthouse.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report Prepared By</td>
<td>David Bergey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver</td>
<td>Stevens, Michael</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle Description</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-owned/County Vehicle #1</td>
<td>Carnahan, Kevin</td>
<td>other vehicle</td>
<td></td>
</tr>
<tr>
<td>Driver</td>
<td></td>
<td></td>
<td>Attach Documents</td>
</tr>
<tr>
<td>County Property Damage</td>
<td></td>
<td>county building</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td></td>
<td></td>
<td>Attach Documents</td>
</tr>
<tr>
<td>To attach documents related to this claim, please click here</td>
<td></td>
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</tr>
</tbody>
</table>

A written acknowledgement will be mailed within two business days to provide the name and direct phone number of the examiner assigned to the claim. If you do not receive a copy of the acknowledgement, please contact us.

To report additional IRMA claims, click this button. 

[New IRMA Claim]
Describe & Categorize Attachment

Files:
- 6250047274.pdf (149.1 kB)

Categories:
- Incident Report

Description:
- Police Report
E-mail Acknowledgement #1

APD IRMA Incident Report

Claimant Name -> Atkinson County
Claim Number -> 6250047051
Type of Loss -> Auto Physical Damage - Web Entry
Department -> Sheriff's Office
Date of Loss -> 02/21/20
Member Driver -> Stevens , Michael
Member Vehicle Make -> Dodge
Member Vehicle Year -> 2018
How Injury Occurred -> Deputy rear-ended other vehicle, which then rolled into the County courthouse.

Reported By : David Bergey
Reported On: 2/21/2020 9:37 AM CST
AL IRMA Incident Report

Claimant Name -> Carnahan, Kevin
Claim Number -> 6250047050
Type of Loss -> Automobile Liability - Web Entry
Department -> Sheriff's Office
Date of Loss -> 02/21/20
Member Driver -> Stevens , Michael
Other Vehicle Make -> Toyota
Other Vehicle Year -> 2015
How Injury Occurred -> Deputy rear-ended other vehicle, which then rolled into the County courthouse.

Reported By: David Bergey
Reported On: 2/21/2020 9:37 AM CST
Claim Number -> 6250047052
Type of Loss -> Property Damage - Web Entry
Department -> Sheriff's Office
Date of Loss -> 02/21/20
Street Address of Property > 555 Main Street
How Injury Occurred -> Deputy rear-ended other vehicle, which then rolled into the County courthouse.

Reported By: David Bergey
Reported On: 2/21/2020 9:37 AM CST
What if I can’t finish my submission???

<table>
<thead>
<tr>
<th>IRMA INITIAL ENTRY</th>
<th>SUBMISSION</th>
</tr>
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<tbody>
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</tbody>
</table>

Click here to save
If you saved an incomplete submission.....

You will find it here.......and can complete submitting at your convenience.
Questions?

David Bergey
Claims Service Coordinator
dbergey@accg.org
678-225-4242