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 Mary Reid: mreid@accg.org

• Secure ID & Password

• Different From Marsh Policy Management Credentials

• Multiple Users Allowed
Decisions, decisions, decisions!

Or

Or
Step 1 - www.ACCG.org

Click to edit Master title style

Click here to begin
Click to edit Master title style

Log-in Credentials

• ID
• Password

Separate from Marsh Policy Management Credentials
The New Beginning

Click here to enter your claim

<table>
<thead>
<tr>
<th>Notice Id</th>
<th>Client</th>
<th>Loss Date</th>
<th>Coverage</th>
<th>Claimant Full Name</th>
<th>Claim Number</th>
<th>Create Date</th>
<th>Location</th>
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</table>
Choose IRMA or Workers’ Compensation

Choose A Template

IRMA Claim

WC Claim
Example Of Claim With Multiple Damages

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
If *, The Information Must Be Entered

Date of Accident: 2/21/2020

Please select County/Member: Atkinson County

County Department: Sheriff's Office

Accident Location: Main Street, Dallas, GA

Description of Accident (Limited to 254 characters):
Deputy rear-ended other vehicle, which then rolled into the County courthouse.

County Vehicle Information

County Driver Last Name: Stevens
County Driver First Name: Michael
Driver's Phone Number: 404 - 555 - 1212

Vehicle Information
Model Year: 2018
Make: Dodge
Model: Charger
VIN (last 4 digits): 5678
Non-County-Owned Vehicle #1

*Owner Last Name

Carnahan

First Name

Kevin

Vehicle Information

Model Year

2015

Make

Toyota

Model

Camry

Address

City

State

Georgia

Zip

Home Phone Number

Work Phone Number

404-555-1212

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 Hanion
When your supervisor wants a copy of the submission too.
## Attach & Upload Documents

<table>
<thead>
<tr>
<th>Date of Accident</th>
<th>2/21/2020</th>
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<tr>
<td>Place of Accident/Exposure</td>
<td>Main Street, Dallas, GA</td>
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<td>Description</td>
<td>Deputy rear-ended other vehicle, which then rolled into the County courthouse.</td>
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<tr>
<td>Report Prepared By</td>
<td>David Bergey</td>
</tr>
</tbody>
</table>

**County Vehicle Damage**

| Driver                  | Stevens, Michael |

**Non-owned/County Vehicle #1**

| Driver                  | Carnahan, Kevin |

**County Property Damage**

| Description             | NW corner of the County courthouse. |

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To attach documents related to this claim, please click here ——>

- [Attach Documents](#) for county vehicle
- [Attach Documents](#) for other vehicle
- [Attach Documents](#) for county building

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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 the insurance company. To report additional IRMA claims, click this button ——>

[New IRMA Claim](#)
Describe & Categorize Attachment

<table>
<thead>
<tr>
<th>File Name</th>
<th>Category</th>
<th>Description</th>
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</thead>
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<tr>
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<td>Incident Report</td>
<td>Police Report</td>
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<td>(149.1 kB)</td>
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</table>

Open The File Browser
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
E-mail Acknowledgement #2

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
E-mail Acknowledgement #3

Property IRMA Incident Report

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???

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

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

Mary Reid
Insurance Services Supervisor

mreid@accc.org
678-225-4263