

Need to file a Workers' Compensation claim?

We make the process easy and stress-free.

At ABA Insurance Services, we understand that filing a claim can be upsetting and stressful. We strive to provide you with quality service and a stress-free reporting experience.

1. To report a claim, please have ready:

- Your policy number
- Complete and accurate information regarding the claim.
So that you're best prepared to report the claim, please check the reverse side for information we may request.



2. You can report a claim by toll-free phone or email.



Call our claims center

844-424-4669

available 8:00 am-5:00 pm Eastern



Email our claims team

Claims@gaig.com

*We support employers' return to work plans, and make every effort to assist you with yours.
Please report a claim as soon as you are aware of it.*

3. After you report a claim, the Claim Reporting Center:

- Assigns your claim to an a Great American claims professional who will contact you and your employee to acknowledge the claim and initiate the process.
 - Provides you with a copy of the First Report of Injury.
 - Sends this report directly to the state either by mail or electronic submission, based on your state's requirements.
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Should you have any questions regarding our claims process or coverage, please contact your P&C underwriter at 800-274-5222.

Thank you for choosing ABA Insurance Services,
a Member of Great American Insurance Group!



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Accident Information:

- Loss date and time of injury
- Date injury/occurrence reported to employer
- Time the accident was reported
- Who was the claim reported to?
- Supervisor name
- City, state, county where accident occurred
- Employer/Insured name, phone number
- What was employee doing at the time of the accident?
- Last date employee worked
- First full work day lost as a result of this injury
- Did the employee receive wage continuation (pay while off work due to injury)?
- Has employee returned to work?
- Date returned
- Was there a witness to the accident?
- Name, address and phone number of witness(es)

Employee Information:

- Name, physical home address, county, and home phone
- Date of birth, Social Security number, gender, marital status
- Regular occupation
- Department where employee regularly works
- State in which the employee was hired
- Name, address, phone number of contact person

Medical Provider Information:

- Name of clinic/doctor's office where employee was treated
- Name of treating physician, address, phone
- Name, address and phone number of hospital where employee was treated following injury



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