



301 E. Fourth Street, 22N
Cincinnati, OH 45202-4201
Toll Free 800-643-7882

On Demand Occupational Accident Loss Notice

Complete online at <https://ondemand.gaig.com/>

Carrier/Claims Administrator

Insurance Carrier

Great American Insurance Company
PO Box 2348
Cincinnati, OH 45201

Mail Medical Bills to

Great American Insurance Company
PO Box 2348
Cincinnati, OH 45201

To Report a Claim

Phone: 833-444-0161
Email: ondemandclaims@gaig.com
Fax: 877-335-7910

Certificate Holder/Injured Party

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date Of Birth _____ Social Security # _____

Policy Number _____ How are you compensated? W2 1099

Entity you were contracted with at the time of the accident _____

Accident Details

Location of Accident *(Including City & State)* _____

Date of Accident _____ Time of Accident _____

Authority Contacted _____ Violations or Citations Issued _____

Description of Accident – Injury *(Identify Specific Body Parts)*

Witness To Accident

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Medical Treatment

Hospital/Physicians Name _____

Address _____

City _____ State _____ Zip _____

Diagnosis _____

First Day of Treatment _____ Last Day Worked _____

	Yes	No
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Date Returned To Work _____	Fatality?	<input type="checkbox"/>	<input type="checkbox"/>
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Remarks

Reporting Information *(Who is reporting this claim?)*

Name _____ Phone Number _____

	Yes	No
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Email _____	Interpreter Needed?	<input type="checkbox"/>	<input type="checkbox"/>
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Reported To _____

Date & Time Reported _____