

Kentucky Assigned Claims Plan

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Date:

Claimant Name:

Adjuster Name:

Assigned Control #:

Company Name:

Claim #:

The Plan of Operations requires servicing insurers to promptly determine the eligibility of benefits claimed. If the person is found ineligible, notice of ineligibility and the reasons shall be promptly communicated to the claimant and KACP.

Please provide the following information as it pertains to the above noted claim:

1- Claimant Details

DOB:

SSN (Last 4 Digits):

Address:

Nature & Extent of Injury:

Medical Treatment:

Employment and Wages:

Dependents:

2- Accident Details

Accident Date:

Accident Time:

Accident Location:

Host Vehicle Owner:

Host Vehicle Driver:

Other Vehicle's Insurance:

Accident Description:

Police Version (if applicable):

Witness Version (if applicable):

3- Eligibility Determination

Other Sources Available:

KY Insurance on Host Vehicle?

Out-of-State Insurance on Host Vehicle?

Insurance in Household?

Private Health Insurance?

Other Sources Impact on Eligibility:

Owner of Host Vehicle's Name(s):

Eligibility Comments/Determination:

4- Claim Disposition

Amounts Paid:

Outstanding Reserves:

Subrogation Open for the Following:

Pursuing Claimant Insurer

Pursuing Uninsured Owner

Subrogation Attorney Involved

Suit Filed to Protect Subrogation

Subrogation Remarks/Recommendations:

What Remains to Be Done to Resolve Claim: