

INVESTIGATION REPORT

Kentucky Assigned Claims Plan
10605 Shelbyville Road, Suite 100, Louisville, KY 40223
502-327-7105

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Date: Claimant Name:
Adjuster Name: Assigned Control #:
Company Name: Claim #:

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: