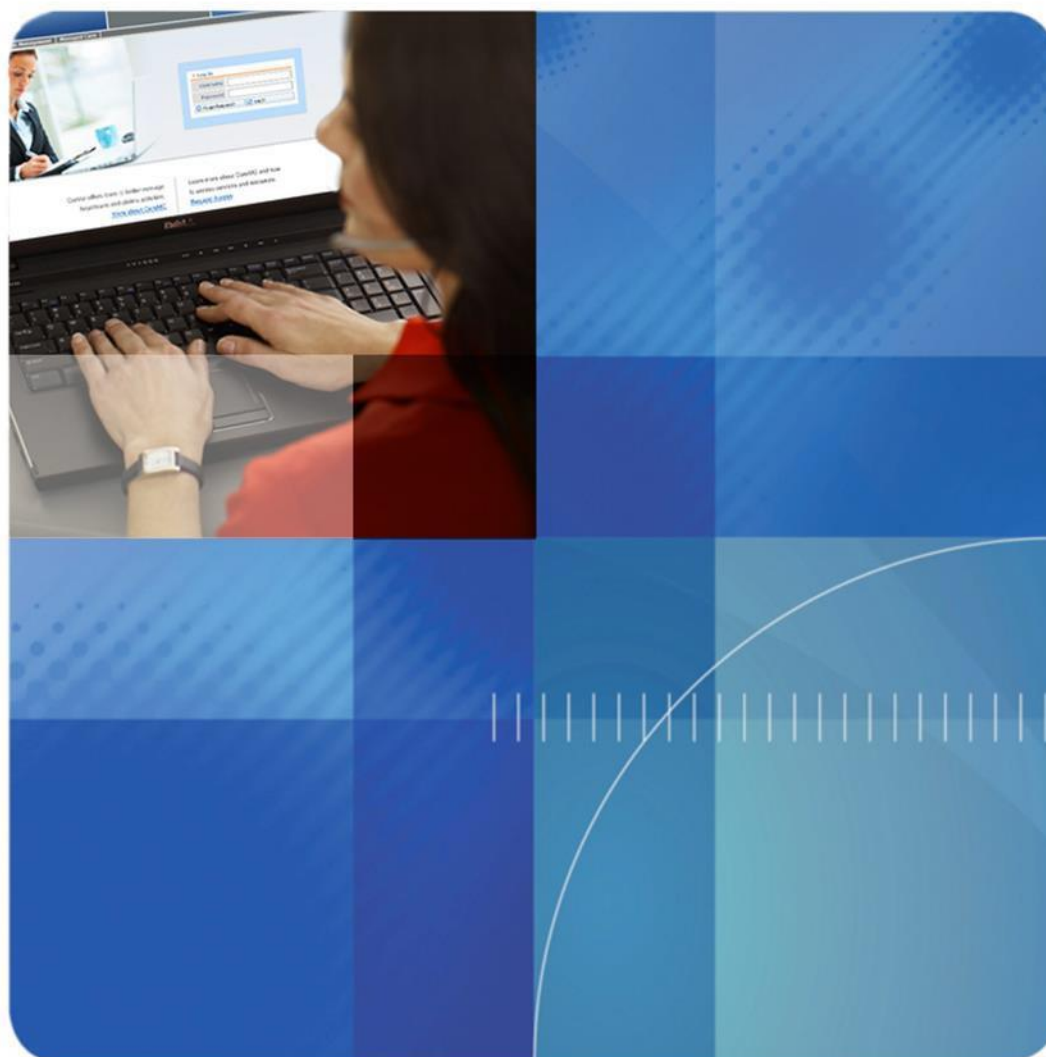


## Incident Reporting – Liability/Property

Prepared for MCI

February 2018



**CORVEL**

[www.corvel.com](http://www.corvel.com)

## Table of Contents

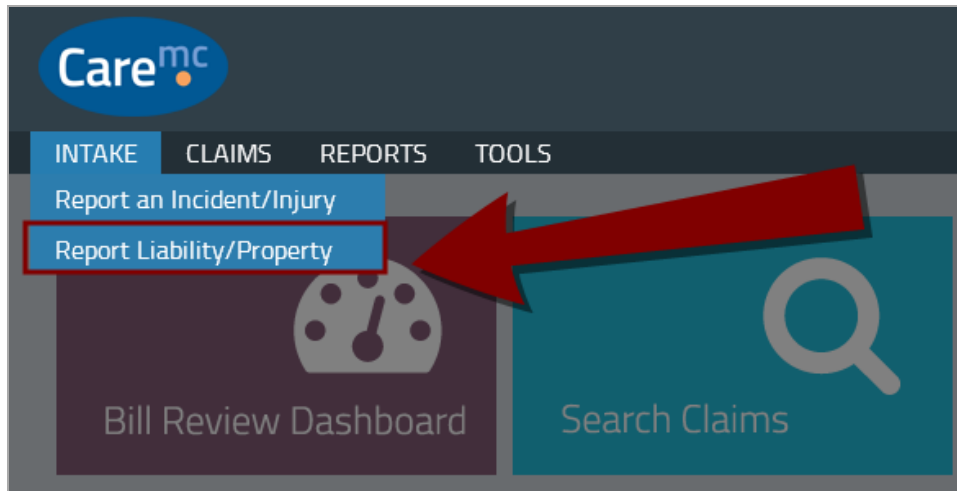
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>Report Liability or Property Incident</b> .....	<b>3</b>
<b>Customer and Location</b> .....	<b>3</b>
<b>Type of Loss</b> .....	<b>5</b>
<b>Claim Information</b> .....	<b>6</b>
<b>Claimants</b> .....	<b>7</b>
<b>Witnesses</b> .....	<b>8</b>
<b>Documents</b> .....	<b>9</b>
<b>Review</b> .....	<b>9</b>
<b>Print to Excel</b> .....	<b>10</b>
<b>Pending Drafts</b> .....	<b>10</b>
<b>Claims Management - Liability/Property Incidents</b> .....	<b>11</b>

## Introduction

You can submit liability and property incidents, such as auto liability, general liability, product liability, and property damage (APL) and other coverage lines, in Care<sup>mc</sup>.

## Report Liability or Property Incident

To begin click **Intake > Report Liability/Property**.



Complete all sections of the intake form. Required information is designated with an asterisk (\*).

The different sections of the form are outlined at the top of the screen.

- As you complete each step in the process, the step changes from grey to blue.
- The current step is highlighted with a white arrow.
- You can click any previous step to return and make changes to any step except Location and Type of Loss. If you need to change the Location or Type of Loss, you must cancel and begin again.

## Customer and Location

Select the customer (your company) and click Next.

Select the location where the incident occurred and click Next.

- 10 locations are displayed at a time.
- Click the page numbers at the bottom of the table to see different locations.
- Click the column headings to re-sort the table by Address, City, State, or Zip.

Customer\*

A maximum of 200 locations is shown. Use the filters to narrow your search. Click a row to select a location and then press Next.

Location Level  Address

City  State  Zip

Location Level	Address	City	State	Zip
0000		Raleigh	North Carolina	27604
0001		Raleigh	North Carolina	27604
0002		Arden	North Carolina	28704
0003		Columbia	South Carolina	29203
0004		Raleigh	North Carolina	27604
0005		Winchester	Virginia	22802
0007		Southaven	Mississippi	38671
0008		Indianapolis	Indiana	46231
0009		Lexington	Kentucky	40511
0011		Bay City	Michigan	48708

1 - 10 of 200 items

**Note**

Click Cancel to cancel the entire incident report (not just the current step).

Up to 200 locations are returned at a time. If you need to narrow the list, type the location name, address, city, state or zip code and click Search.

Location Level  Address

City  State  Zip

Location Level	Address	City	State	Zip
0008		Indianapolis	Indiana	46231
9102		Indianapolis	Indiana	46219
9103		Indianapolis	Indiana	46227
9108		Indianapolis	Indiana	46203
9130		Indianapolis	Indiana	46231
9143		Indianapolis	Indiana	46220
9146		Indianapolis	Indiana	46250
9147		Indianapolis	Indiana	46222
9148		Indianapolis	Indiana	46227
9172		Indianapolis	Indiana	46220

1 - 10 of 13 items

Then select the location where the incident occurred and click Next.

A maximum of 200 locations is shown. Use the filters to narrow your search. Click a row to select a location and then press Next.

Location Level: [ ] Address: [ ]  
 City: Indianapolis State: IN - Indiana Zip: 46219

Location Level	Address	City	State	Zip
[ ]	[ ]	Indianapolis	Indiana	46219
[ ]	[ ]	Indianapolis	Indiana	46219

1 - 2 of 2 items

Cancel Next

You can save a Liability/Property Intake form as a draft to complete later. You cannot save until you select a location.

Submitted Pending(0) New

Report a Liability/Property Incident/Claim

Customer: [ ]

A maximum of 200 locations is shown. Use the filters to narrow your search. Click a row to select a location.

Location Level: [ ] Address: [ ]  
 City: [ ] State: CA - California Zip: 94621

Location Level	Address	City	State	Zip
[ ]	640 85th Ave.	Oakland	California	94621

1 - 1 of 1 items

Type of Loss: General Liability

Save Draft Cancel

## Type of Loss

Select the Type of Loss (Automotive Liability, General Liability, Product Liability, Property Damage, or other loss types depending on client setup) and click Next.

Type of Loss

Customer: General Parts International, Inc.  
 Location Level: 9102 GP IND-East IN

Type of Loss: [ ]

- Select--
- Select--
- Automotive Liability
- General Liability
- Product Liability
- Property Damage

Cancel Back Next

Copyright © 2013 CorVel Corporation. All rights reserved. Privacy Statement | Webmaster

## Claim Information

Enter information about the incident, such as the exact location where the incident occurred and a detailed description and click Next.

- Accident Date may be typed with numbers only, no dashes or slashes.
- Claim Notes are visible in the Liability/Property Incidents screen available to Claim Supervisors. They are also visible wherever Notes appear in Care<sup>mc</sup> after replication from the claim system.
- Investigation – enter information about police involvement or other investigating agency.

Claim Information			
Accident State*	—Select—	Accident Date*	
Location of Loss*		Description of Loss*	
Your Name*		Your Company*	
Your Contact Information*		Claim Origin*	Web
Claim Notes			
Investigation			
Police Involved?	<input type="checkbox"/>	Police Report Number	
Investigating Agency		Officer's Phone Number	
Officer's Name		Badge Number	
Investigation Comments			

If you selected Auto Liability for Type of Loss, an Auto Liability section appears in the Claim Information section where you can enter information about the vehicle and driver.

Auto Liability – Client Driver/Vehicle Information			
Driver's Name		Driver's DOB	
Driver's Address Line 1		Driver's Address Line 2	
Driver's City		Driver's State	
		Driver's Zip	-
Driver's Home Phone		Driver's Work Phone	
Driver's License Number		Vehicle Unit Number	
Vehicle's Garage State		Vehicle's Plate Number	
Vehicle's Make		Vehicle's Model	
Vehicle's Year		Vehicle's VIN	
<input type="button" value="Cancel"/> <input type="button" value="Back"/> <input type="button" value="Next"/>			

## Claimants

Enter information about the claimant including first name and last name and click OK.

- You must enter at least one claimant.
- Coverage Line – if you select Report Only (not available for all clients and types of loss), you can only add one claimant. See Add Claimant, below.
- Social Security Number must be formatted as 123-45-6789, including dashes.
- Phone numbers may be typed with numbers only, no dashes, slashes, or parentheses.

If any claimants with matching names are found, Care<sup>mc</sup> will inform you of the potential duplicate(s).

- If your entry is not a duplicate, click Ignore and Proceed to use the current claimant and proceed with the incident report.
- If your entry is a duplicate, click Back to Claimant to make changes or cancel.

Customer	Type of Loss	Coverage Line	Accident Date	Name
.	General Liability	General Liability Bodily I...	3/25/2013	Michael Tritter

-If your entry is not a duplicate, press Ignore and Proceed to save the new claimant.  
 -If your entry is a duplicate or needs to be edited, press Back to Claimant to return to the previous screen.

To add additional claimants, click Add Claimant. You cannot select Report Only under Coverage Line if you add multiple claimants.

The screenshot shows a table titled 'Claimants' with columns: Action, Name, Address Line 1, City, State, and Zip. The table is currently empty, displaying 'No items to display'. A red box highlights the '+ Add Claimant' button in the bottom right corner. Below the table are 'Cancel', 'Back', and 'Next' buttons.

To make changes, click Edit. To remove a claimant, click Delete.

The screenshot shows the 'Claimants' table with one entry: Michael Tritter, 738 Maple Street, Indianapolis, Indiana, 32054. A red box highlights the 'Edit' and 'Delete' buttons in the 'Action' column. The 'Add Claimant' button is also visible. Below the table are 'Cancel', 'Back', and 'Next' buttons.

## Witnesses

Click Add Witness to enter information gathered from any witnesses to the incident. Adding witnesses is optional.

The screenshot shows a table titled 'Witnesses (Optional)' with columns: Action, Name, Address Line 1, City, State, and Zip. The table is empty, displaying 'No items to display'. A red box highlights the '+ Add Witness' button in the bottom right corner. Below the table are 'Cancel', 'Back', and 'Next' buttons.

Enter information such as the witness name and a detailed statement, and click OK.

The screenshot shows the 'Witness Information' form. Fields include: First Name (Kelly), Last Name\* (McGillis), Address Line 1 (500 Spruce St), Address Line 2, City (Indianapolis), State (IN - Indiana), Zip (30124), Home Phone ((317) 456-7845), and Work Phone. A text area for 'Statement Summary' contains the text: 'Witness was walking along and saw claimant slip and fall on ice'. A red box highlights the 'OK' button at the bottom right, next to a 'Cancel' button.

To make changes, click Edit. To remove a witness click Delete.

The screenshot shows the 'Witnesses (Optional)' table with one entry: Kelly McGillis, 500 Spruce St, Indianapolis, Indiana, 30124. A red box highlights the 'Edit' and 'Delete' buttons in the 'Action' column. The 'Add Witness' button is also visible. Below the table are 'Cancel', 'Back', and 'Next' buttons.



## Documents

Attach a Document to the referral in the Documents section. Click Select files, browse to and select the document in your computer, and click Open.

**Documents (Optional)**

---

Select files...

Uploading...

- Attach up to 50 pages per single claim or incident.
- A single file cannot exceed 40 MB.
- The allowable file extensions are: tif, tiff, jpg, jpeg, png, pdf, txt, doc, docx, xls, xlsx, wma, wmv, mp3.
- Docs load with default sensitivity (low) and Standard doc type.
- Docs are viewable as read only in the Liability/Property Incidents screen.

## Review

Make sure all information is accurate and complete. When you are finished, click Submit.

**Investigation**

Police Involved?	<input type="checkbox"/>	Police Report Number	
Investigating Agency		Officer's Phone Number	
Officer's Name		Badge Number	
Investigation Comments			

---

**Claimants**

**Michael Tritter**

Coverage Line	General Liability Bodily Injury		
Date of Birth	02/15/1970	Gender	Male
Marital Status	Single	SSN	548-74-3517
Address Line 1	738 Maple Street	Address Line 2	
City	Indianapolis	State	IN - Indiana
		Zip	32054
Work Phone		Home Phone	(317) 845-7891
Cell Phone		Email	

---

**Witnesses**

**Kelly McGillis**

Address Line 1	500 Spruce St	Address Line 2	
City	Indianapolis	State	IN - Indiana
		Zip	30124
Home Phone	(317) 456-7845	Work Phone	
Statement Summary	Witness was walking along and saw claimant slip and fall on ice		

Cancel Back Submit

Click New Incident/Claim to start a new liability/property intake form.

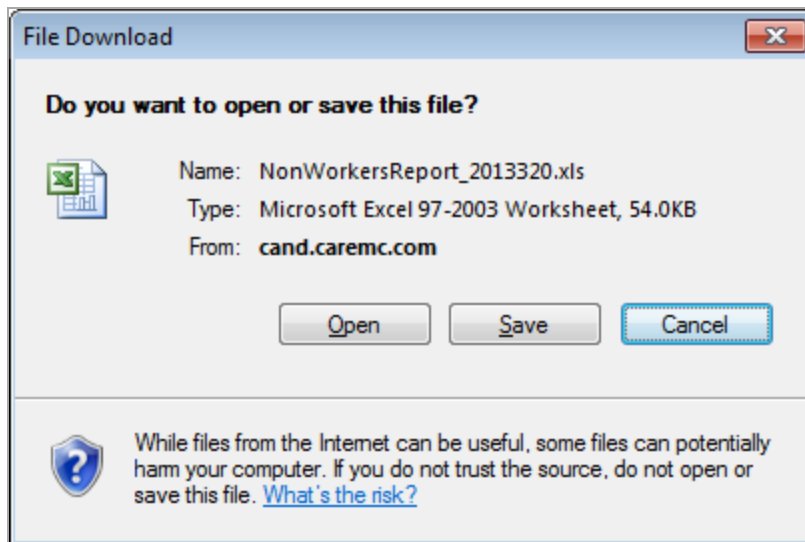
**Confirmation**

The incident/claim has been successfully submitted for [redacted] with the Accident Date of 3/14/2013 involving claimant Miss Jane Doe.

Print to Excel New Incident/Claim

## Print to Excel

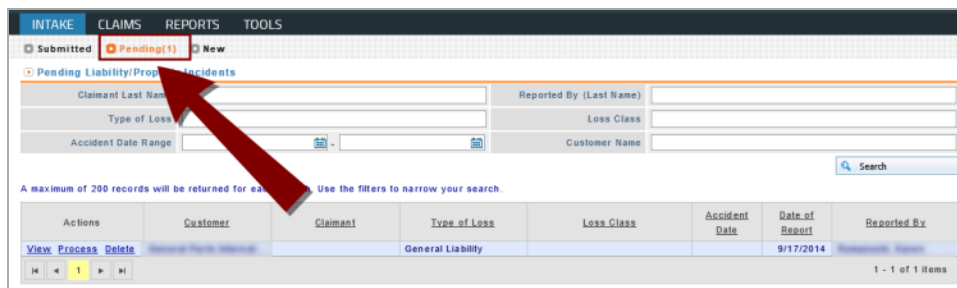
Click Print to Excel to open the incident form in Excel and save.



The incident report is formatted in Excel as a printable form you can save and send to others.

## Pending Drafts

After you save, your drafts are available on the Pending tab.

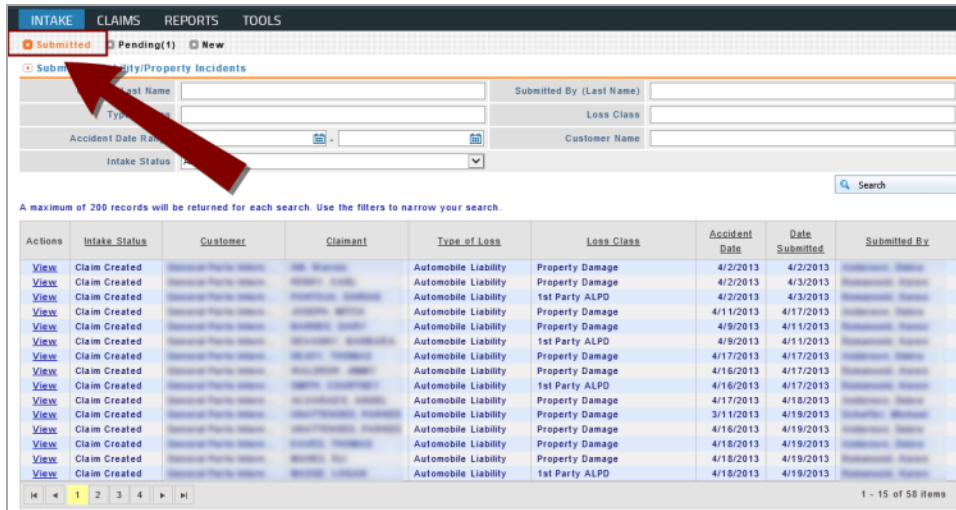


View - open a pending draft (read-only)

Process - open a pending draft, make changes and complete

Delete - remove a pending draft

Click the Submitted tab to view completed Intake reports.

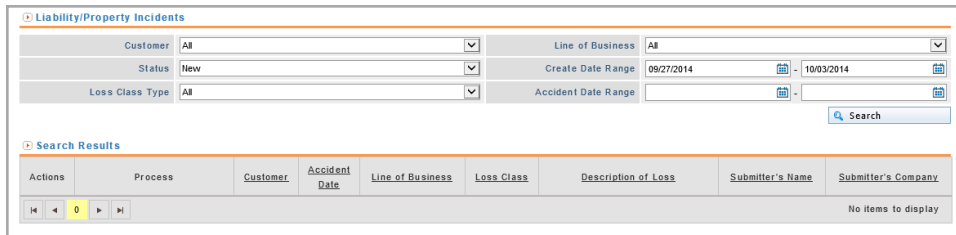


CorVel's FNOL call center staff can...

- Complete draft intake forms created by others
- Delete draft intake forms created by others (special access required)

## Claims Management - Liability/Property Incidents

CorVel's Claim Supervisors can open Claims Management > Liability/Property Incidents to view information on reported incidents.



Click a link in the Actions column to view, edit or print a form.

Use the Mark Reviewed Process option to remove records in the results grid for customers that do not have a report-only coverage line.

All information added to the intake form is visible in the Details section of the Liability/Property Incidents screen.



You can open read only versions of any documents attached on the intake form.

