IF YOU ARE INVOLVED IN AN ACCIDENT WITH A VEHICLE THAT IS LEASED OR OWNED BY SACRED HEART UNIVERSITY THE FOLLOWING PROCEDURES MUST BE FOLLOWED:

Report the incident to the local police department where the accident occurred immediately. If the accident occurred on campus please contact public safety to file a report.

**You must call the business office 203-365-4751 after the police** have been called to notify them of the accident. It is your responsibility to obtain copies of the local police and public safety reports and forward them to the Business Office.

Travelers Insurance Company will send an appraiser to estimate the damage unless using an approved repair shop (see below). The appraiser will leave a copy of the estimate after viewing the vehicle. Please forward the estimate to the Business Office. Rental vehicles are available at a cost of $50/day.

Estimates are based on contracted labor and part costs at repair shops approved by Travelers Insurance. Although you may have the vehicle repaired at any repair shop, you should utilize Travelers Insurance approved repair shops as much as possible. Travelers Insurance approved repair shops in proximity to the Fairfield campus are:

- **Circle Collision**: 2230 Kings Hwy, Fairfield, CT 06824 203-259-0555
- **M&F Auto Body**: 1015 North Ave, Bridgeport, CT 06606 203-334-2225
- **Traynor Auto Body**: 109 Thorpe St, Fairfield, CT 06824 203-254-2106

These repairs are guaranteed for the life of the vehicle when performed at a Travelers Insurance approved repair shop. **A “direction to pay” payment authorization form should be completed at the repair shop authorizing direct payment from Travelers Insurance. Deductibles must be paid at the time of repairs.**

You must call the business office for glass repair. Items stolen from a vehicle must be claimed under the property coverage.

The Sacred Heart University auto insurance deductible is $250. This will be applied to the department operating account.
When contacting the Business Office the following information must be provided:

______ DATE/TIME OF ACCIDENT
______ YEAR, MAKE AND MODEL OF VEHICLE
______ VEHICLE IDENTIFICATION NUMBER
______ DRIVER NAME/TITLE
______ NUMBER OF PASSENGERS IN VEHICLE AT TIME OF ACCIDENT
______ INJURIES
______ RENTAL NEEDED

______ OTHER VEHICLE INVOLVED
    IF YES:
______ YEAR, MAKE AND MODEL OF VEHICLE
______ DRIVER’S NAME AND CONTACT INFO ADDRESS & PHONE#

______ REPORTED TO PUBLIC SAFETY        _____ COPY OF REPORT RECEIVED
______ REPORTED TO POLICE                 _____ COPY OF REPORT RECEIVED

DESCRIPTION OF WHAT HAPPENED: