

# CIRMA Liability/Auto/ Property Loss Notice Form



Reports of other non-emergency claims should be sent to: [lapnewclaims@ccm-ct.org](mailto:lapnewclaims@ccm-ct.org)

**Members Only:** For after-hours emergencies, please call 203-804-5917

**INSTRUCTIONS:** Complete only those sections applicable to your incident. NOTE: Fields marked with an asterick (\*) require completion.

CERT/Policy Number:		Effective Date:	
Insured	Name*		Contact Person*
	Address*		Contact Phone*
Claimant	Name*		Dept.*
	Address*		Email
Loss or Accident Details	Time & Date of Loss*	Loss Location*	
	Details of Loss or Accident*		
Insured Vehicle	Year/Make/Model*		Vehicle ID Number (VIN)
	Vehicle Plate Number		DOB*
	Operator Name*		Immediate Supervisor
	Address		
	Damage Description/Location*		
Repair Estimate \$			
Claimant Vehicle	Year/Make/Model*		Vehicle ID Number (VIN)
	Damage Description/Location		
	Repair Estimate \$		Email
	Operator Name*		Phone
	Address		Phone
Injured Party (A)	Name*		Address*
	DOB	Social Security No. (If known)	Email
	Emergency Medical Services		Treating Physician
	Injury		
Injured Party (B)	Name*		Address*
	DOB	Social Security No. (If known)	Phone
	Emergency Medical Services		Email
	Treating Physician		Injury
First or Third Party Property Damage	Owner (If Other Than Insured)		Home Phone
	Address		Business Phone
	Property Damage Description		
Witness (A)	Name		Address
	Email		Phone
Witness (B)	Name		Address
	Email		Phone
Remarks:			
Reported By	Name*		Title
	Email*		Phone*
Date*			

**NOTE: Please Attach Any Documentation (Estimates, Invoices, Photos, Writ or Summons)**