

CIRMA Liability/Auto/ Property Loss Notice Form



Reports of other non-emergency claims should be sent to: 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*		Contact Phone*
	Address*		Dept.*	Email	
Claimant	Name*		Home Phone	Mobile Phone	Business Phone
	Address*		Dept.*	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		Operator Name*		DOB*
	Address			Immediate Supervisor	
	Damage Description/Location*				
	Repair Estimate \$				
Claimant Vehicle	Year/Make/Model*		Vehicle ID Number (VIN)		
	Damage Description/Location				
	Repair Estimate \$			Email	
	Operator Name*		Address		Phone
	Owner (If Different)*		Address		Phone
Injured Party (A)	Name*		Address*		Phone
	DOB	Social Security No. (If known)		Email	
	Emergency Medical Services		Treating Physician		
	Injury				
Injured Party (B)	Name*		Address*		Phone
	DOB	Social Security No. (If known)		Email	
	Emergency Medical Services		Treating Physician		
	Injury				
First or Third Party Property Damage	Owner (If Other Than Insured)			Home Phone	Business Phone
	Address			Email	
	Property Damage Description				
Witness (A)	Name		Address		Phone
	Email				
Witness (B)	Name		Address		Phone
	Email				
Remarks:					
Reported By	Name*		Title		Phone*
	Email*			Date*	
NOTE: Please Attach Any Documentation (Estimates, Invoices, Photos, Writ or Summons)					