



CONNECTICUT
INTERLOCAL
RISK
MANAGEMENT
AGENCY

LOSS NOTICE

FAX TO: 203-497-2424

MAIL TO: CIRMA
P.O. BOX 9558
NEW HAVEN, CT 06535-0558
Email: lapnewclaims@ccm-ct.org

LIABILITY • AUTOMOBILE • PROPERTY POOL

	CERT/POL NO.		EFF. DATE	
INSURED	NAME		PERSON TO CONTACT	
	ADDRESS		PHONE	
CLAIMANT	NAME		HOME PHONE	
	ADDRESS		BUSINESS PHONE	
LOSS OR ACCIDENT	DATE & TIME OF LOSS		LOSS LOCATION	
	DETAILS OF LOSS OR ACCIDENT			
INSURED VEHICLE	YEAR-MAKE-MODEL		VEHICLE ID NO.	
	OPERATOR NAME		AGE	SOC. SEC. NO.
	ADDRESS		IMMEDIATE SUPERVISOR	
	DESCRIPTION/LOCATION OF DAMAGE		REPAIR EST. \$	WHERE LOCATED
CLAIMANT VEHICLE	YEAR-MAKE MODEL		VEHICLE ID NO.	
	DESCRIBE DAMAGE		REPAIR EST. \$	WHERE LOCATED
	OPERATOR NAME	ADDRESS		PHONE
	OWNER (IF DIFFERENT)	ADDRESS		PHONE
INJURED	NAME		AGE	SOC. SEC. NO.
	ADDRESS		EMERGENCY MED. SER.	
	INJURY			
INJURED	NAME		AGE	SOC. SEC. NO.
	ADDRESS		EMERGENCY MED. SER.	
	INJURY			
1 ST OR 3 RD PARTY PROPERTY DAMAGE	OWNER (IF OTHER THAN INSURED)		HOME PHONE	
	ADDRESS			
	PROPERTY DAMAGE DESCRIPTION			
WITNESSES	NAME		ADDRESS	
	NAME		ADDRESS	
REMARKS				
REPORTED BY	NAME		PHONE	DATE