



**CONNECTICUT
INTERLOCAL
RISK
MANAGEMENT
AGENCY**

**Liability • Auto • Property
LOSS NOTICE**

SEND TO: CIRMA
P.O. BOX 9558
NEW HAVEN, CT 06535-0558

FAX: 203-773-8134
EMAIL: lapnewclaims@ccm-ct.org

	CERT/POL NO.		EFF. DATE	
INSURED	NAME Town of Greenwich		PERSON TO CONTACT	
	ADDRESS 101 Field Point Rd Greenwich, CT 06830		PHONE	
CLAIMANT	NAME		HOME PHONE	BUSINESS PHONE
	ADDRESS			
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. \$	
	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