



AUTOMOBILE LOSS NOTICE FORM

Serious claims should be reported by phone immediately.

Call 1-800-526-1647 during business hours or

1-203-804-5917 for after-hours emergencies - members only.

Reports of other non-emergency claims should be sent to: LAPNEWCLAIMS@CCM-CT.ORG

CERT/Policy Number:		Effective Date:		*Fields are Required	
Insured	Name*	Person to Contact*		Phone*	
	Address*	Department*			
Claimant	Name*	Home Phone		Business Phone	
	Address*	Department*			
Loss or Accident	Time & Date of Loss*		Loss Location*		
	Details of Loss or Accident*				
Insured Vehicle	Year/Make/Model*		Vehicle ID Number*		
	Operator Name*		DOB*		
	Address		Immediate Supervisor		
	Description - Location of Damage*				
	Repair Estimate \$				
Claimant Vehicle	Year/Make/Model*		Vehicle ID Number*		
	Description - Location of Damage				
	Repair Estimate \$				
	Operator Name*		Address	Phone	
	Owner (If Different)*		Address	Phone	
Injured	Name*		Address*		Phone
	Age		Social Security Number (If known)		
	Emergency Medical Services		Treating Physician		
	Injury				
Injured	Name*		Address*		Phone
	Age		Social Security Number (If known)		
	Emergency Medical Services		Treating Physician		
	Injury				
Injured	Name*		Address*		Phone
	Age		Social Security Number (If known)		
	Emergency Medical Services		Treating Physician		
	Injury				
First or Third Party Property Damage	Owner (If Other Than Insured)		Home Phone		Business Phone
	Address				
	Property Damage Description				
Witness Name		Address		Phone	
Witness Name		Address		Phone	
Witness Name		Address		Phone	
Remarks:					
Reported By Name		Phone*		Date*	
Please Attach Any Documentation (Writ or Summons)					