



# LIABILITY-AUTO-PROPERTY 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:		<i>*Fields are Required</i>	
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*				
Injured	Name*	DOB	Social Security Number		Phone
	Address*	Emergency Medical Services			
	Treating Physician				
	Injury (May be Civil Right)				
Injured	Name*	DOB	Social Security Number		Phone
	Address*	Emergency Medical Services			
	Treating Physician				
	Injury (May be Civil Right)				
Injured	Name*	DOB	Social Security Number		Phone
	Address*	Emergency Medical Services			
	Treating Physician				
	Injury (May be Civil Right)				
Injured	Name*	DOB	Social Security Number		Phone
	Address*	Emergency Medical Services			
	Treating Physician				
	Injury (May be Civil Right)				
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	
Witness Name		Address		Phone	
Remarks:					
Reported By Name*			Phone		Date
Please Attach Documentation (Writ, Summons)					