



# 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* Town of Hamden, CT		Person to Contact*	Phone*
	Address* 2750 Dixwell Avenue		Department* Risk Management	
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*	
	Age		Social Security Number (If known)	
	Emergency Medical Services		Treating Physician	
	Injury			
Injured	Name*		Address*	
	Age		Social Security Number (If known)	
	Emergency Medical Services		Treating Physician	
	Injury			
Injured	Name*		Address*	
	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)				