



# CIRMA Liability-Auto-Property Incident Reporting Worksheet Instructions

- Loss Notice reports should be completed immediately after the accident has occurred.
- Do not wait to receive written notification of any accident or claim before filing the Loss Notice with **CIRMA**.
- Serious incidents should be reported immediately by phone at 800.526.1647 during business hours.  
**Members only:** For after-hours **Liability or Auto** emergencies, call 203.823.6896. For after-hours **Property** emergencies, call 203.946.3701.
- **For fast and easy claim reporting, CIRMA members should [visit CIRMA's ClaimCentral claim reporting portal](#). There is a template on the back of this worksheet to help you gather important information for your records.**

## ■ Instructions for Email Claim Reporting:

- Access a Liability-Auto-Property Loss Notice at [CIRMAClaim.org](http://CIRMAClaim.org).
- The Loss Notice identifies that this is a first notice or a potential claim.
- Ensure the Loss Notice is signed and dated before submitting.
- Loss Notices should be sent to: [lapnewclaims@ccm-ct.org](mailto:lapnewclaims@ccm-ct.org).
- Save the blank (Read Only) Loss Notice on your computer.
- Open the template and "Save As" a unique name/number and complete the Loss Notice information.
- Once completed, the document can be emailed to [lapnewclaims@ccm-ct.org](mailto:lapnewclaims@ccm-ct.org).
- A blank Loss Notice can also be copied/printed and completed, manually.
- Attach all relevant documentation with the Loss Notice. These attachments may include police reports, photographs, letters, internal memos, work logs, etc. Identify these attachments in the REMARKS section of the Loss Notice.
- It is very important to list all known witnesses in the WITNESSES section of the Loss Notice form.
- **Remember to never accept responsibility or offer payment of a claim.** Obtain information and inform the claimant that it will be reported to the insurance carrier and that they will be in contact with them.
- For questions regarding your **Liability or Auto claim**, you can contact:

### **Sherri Adams**

Vice President of Liability Claims

Business: 203-946-3752 | Cell: 203-823-6896\*

\*After-Hours Emergency **Liability or Auto** Claims - *CIRMA Members only*

Email: [sadams@ccm-ct.org](mailto:sadams@ccm-ct.org)

### **Tom Krol**

Liability Claims Supervisor

Business: 203-946-3753

Email: [tkrol@ccm-ct.org](mailto:tkrol@ccm-ct.org)

- For questions regarding your **Property claim**, you can contact:

### **Mark Budzyna**

Manager of Special Services and Property Claims

Business: 203-946-3722 | Cell: 203-946-3701\*

\*After-Hours Emergency **Property** Claims - *CIRMA Members only*

Email: [mbudzyna@ccm-ct.org](mailto:mbudzyna@ccm-ct.org)

# CIRMA Liability-Auto-Property Loss Notice Form

Reports of other non-emergency claims should be sent to: lapnewclaims@ccm-ct.org

Members Only: For after-hours **Liability or Auto** emergencies, please call 203-823-6896.

For after-hours **Property** emergencies, please call 203-946-3701.

INSTRUCTIONS: Complete only those sections applicable to your incident. NOTE: Fields marked with an asterick (\*) require completion.

CERT/Policy Number:		Effective Date:			
<b>Insured</b>	Name*		Contact Person*		Contact Phone*
	Address*		Dept.*	Email	
<b>Claimant</b>	Name*		Home Phone	Mobile Phone	Business Phone
	Address*		Dept.*	Email	
<b>Loss or Accident Details</b>	Time & Date of Loss*		Loss Location*		
	Details of Loss or Accident*				
<b>Insured Vehicle</b>	Year/Make/Model*		Vehicle ID Number (VIN)		
	Vehicle Plate Number		Operator Name*		DOB*
	Address			Immediate Supervisor	
	Damage Description/Location*				
	Repair Estimate \$				
<b>Claimant Vehicle</b>	Year/Make/Model*		Vehicle ID Number (VIN)		
	Damage Description/Location				
	Repair Estimate \$			Email	
	Operator Name*		Address		Phone
	Owner (If Different)*		Address		Phone
<b>Injured Party (A)</b>	Name*		Address*		Phone
	DOB	Social Security No. (if known)		Email	
	Emergency Medical Services		Treating Physician		
	Injury				
<b>Injured Party (B)</b>	Name*		Address*		Phone
	DOB	Social Security No. (if known)		Email	
	Emergency Medical Services		Treating Physician		
	Injury				
<b>First or Third Party Property Damage</b>	Owner (If Other Than Insured)			Home Phone	Business Phone
	Address			Email	
	Property Damage Description				
<b>Witness (A)</b>	Name		Address		Phone
	Email				
<b>Witness (B)</b>	Name		Address		Phone
	Email				
<b>Remarks:</b>					
<b>Reported By</b>	Name*		Title		Phone*
	Email*				Date*
NOTE: Please Attach Any Documentation (Estimates, Invoices, Photos, Writ or Summons)					

Rev. 06-05-24