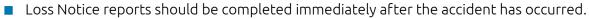


CIRMA Liability-Auto-Property Incident Reporting Worksheet Instructions



- 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 <u>visit CIRMA's ClaimCentral claim reporting</u> <u>portal</u>. 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.
 - 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.
 - 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.
 - 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

Tom Krol

Liability Claims Supervisor Business: 203-946-3753 Email: 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





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:															
Insured	Name*				Contact P	:rson*				Contac		act Phone*			
	Address*				Dept.*					Email	il				
Claimant	t Name*			Hor Pho	me one		Mobile Phone					Business Phone			
	Address*	Dept.* Email													
Loss or	Time & Date of Loss*	Loss Location*													
Accident Details															
Insured Vehicle	Year/Make/Model*				Vehicle ID Number (VIN)										
	Vehicle Plate Number			tor I	Name*								DOB*		
	Address					Immediate Supervis				SOL					
	Damage Description/Location*														
	Repair Estimate \$														
Claimant Vehicle	Year/Make/Model* Vehicle ID Number (VIN)														
	Damage Description/Location														
	Repair Estimate \$						Emai			ail					
	Operator Name*				Address							Phone			
	Owner (If Different)*				Address							Phone			
Injured	Name*				Address*							Phone			
Party (A)	DOB Social Security No. (If known)				Email							1			
	Emergency Medical Services				Treating Physician										
	Injury														
Injured Party (B)	Name*				Address*				Phone						
	DOB	OB Social Security No. (If known)							Email						
	Emergency Medical Services				Treating Physician										
	Injury														
First or Third Party Property Damage	Owner (If Other Than Insured)							Home Phone				Business Phone			
	Address Email														
	Property Damage Description														
Witness (A)	Name Ac			Address						Phone					
	Email														
Witness (B)	Name Ad		Address	ddress							Phone				
	Email														
Remarks:															
Reported By	Name*				Title						Phone*				
	Email*										Date*				
NOTE: Ple	ase Attach Any Docur	nentation (Estimates, Inv	oices, Pho	otos	s, Writ or	Summons)									

Rev. 06-05-24



