



**CONNECTICUT
INTERLOCAL
RISK
MANAGEMENT
AGENCY**

**Liability • Auto • Property
LOSS NOTICE**

eMail this form to: [CIRMA](mailto:info@cirma.org)

Or Mail to: CIRMA
P.O. Box 9558
New Haven, CT 06535-0558

*Please note: Serious claims should be reported by phone immediately:
Call 1-800-526-1647 during business hours
1-203-710-4479 after business hours*

Or Fax to: 203-773-8134

		CERT/POL NO.		EFF. DATE	
Insured	NAME		PERSON TO CONTACT		PHONE
	ADDRESS			DEPT.	
Claimant	NAME		HOME PHONE		BUSINESS PHONE
	ADDRESS				
Loss or Accident	DATE & TIME OF LOSS		LOSS LOCATION		
	DETAILS OF LOSS OR ACCIDENT				
Insured Vehicle	YEAR-MAKE-MODEL		VEHICLE ID NO.		LIC. NO.
	OPERATOR NAME		AGE	SOC. SEC. NO.	PHONE
	ADDRESS		IMMEDIATE SUPERVISOR		PHONE
	DESCRIPTION/LOCATION OF DAMAGE			REPAIR EST. \$	WHERE LOCATED
Claimant Vehicle	YEAR -MAKE MODEL		VEHICLE ID NO.		LIC. NO.
	DESCRIBE DAMAGE			REPAIR EST. \$	WHERE LOCATED
	OPERATOR NAME	ADDRESS			PHONE
	OWNER (IF DIFFERENT)	ADDRESS			PHONE
Injured	NAME		AGE	SOC. SEC. NO.	PHONE
	ADDRESS		EMERGENCY MED. SER.		TREATING PHYSICIAN
	INJURY				
Injured	NAME		AGE	SOC. SEC. NO.	PHONE
	ADDRESS		EMERGENCY MED. SER.		TREATING PHYSICIAN
	INJURY				
1 ST or 3 RD Party Property Damage	OWNER (IF OTHER THAN INSURED)		HOME PHONE		BUSINESS PHONE
	ADDRESS				
	PROPERTY DAMAGE DESCRIPTION				
Witnesses	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
Remarks					
Reported By	NAME		PHONE		DATE

Remember: Save a copy of this Loss Notice form to your computer using a unique name/number; for example, Jane Doe LAP Loss #123.