

Notice of Occurrence/Claim Form

MEMBER: _____

TODAY'S DATE: _____

MEMBER CONTACT:

Name: _____ Title: _____ Phone#: _____ Fax#: _____

ACCIDENT INFORMATION

Date of Accident/Loss: _____

Type: CLAIM RECORD ONLY

Time of Accident/Loss: _____

MIRMA Use Only

Date Reported to Member: _____

Department: _____

Description of Accident/Loss: _____

DAMAGE TO MEMBER-OWNED PROPERTY *(Item# comes from the Heavy Equipment or Property Schedule)*

Vehicle/Equipment: Year: _____ Make: _____ Model: _____

If Vehicle, VIN#: _____ If Equipment, Item#: _____

Operator/Employee: _____ Home#: _____ Work#: _____

Address: _____ City: _____ State: _____ Zip: _____

Building/Contents: Item#: _____ Description: _____

Item#: _____ Description: _____

Item#: _____ Description: _____

Damage Description: _____ Estimate Amt: _____

LIABILITY CLAIMS – CLAIMANT(S)

Name: _____ Home#: _____ Work#: _____

Address: _____ City: _____ State: _____ Zip: _____

Property/Auto Damaged: _____ Estimate Amt: _____

Injury: _____ Date of Birth: _____

Name: _____ Home#: _____ Work#: _____

Address: _____ City: _____ State: _____ Zip: _____

Property/Auto Damaged: _____ Estimate Amt: _____

Injury: _____ Date of Birth: _____

WITNESS

Name: _____ Home#: _____ Work#: _____

Address: _____ City: _____ State: _____ Zip: _____

ADDITIONAL REMARKS

