

NOTICE OF CLAIM 603-225-2841 800-698-2364 Fax 603-228-3833

Section 1 Please complete this section for <u>all</u> claims											
Member	CITY OF LEBANON, NH				_ Department						
Address	51 N. PA	RK STREET			_						
	LEBANON, NH 03766				_ Telephone()						
					_						
Person to (Contact		Ti	_ Time of Accident or Event							
		rent									
Previously	Reported:	Yes No	0	Da	Date of Previous Notice						
Section	n 2	. <mark>oss</mark> (Auto, <mark>S</mark>	lip/Fall, False	Arre	st, Discrii	minati	on, etc.)				
Location of Accident (street, city & state) Authority Contact				Viol			iolations/Citations				
			Report #								
Description of Accident (use reverse side of form if necessary)											
Section	n 3	Member Veh	icle								
Vehicle No.,	Year, Make, N	lodel		V.I.N.	(Vehicle Identifi	cation)	Plate Number				
Driver's Nar	ne & Address	(check is same as own	er)		Residence Phor	ne	Business Phone				
	p to Member Date of Birth Driver's Licens			l e No.	Purpose	of Use	Used with Permission?				
(employee/famil	y,etc.)										
Describe Da	amage	Estimate Amount	Where Can Vehicle be	Seen?	When?	Other Insurance on Vehicle					

THIS NOTICE SUBMITTED BY:

Section 4 Proper	ty Damage	(Genera	ıl Liabilit	<mark>y</mark> /Auto Lid	ıbilit	ty)	
Describe Property Damaged (auto o	Other Veh, Yes No	Other Veh/Prop Ins., or Agency Name & Policy # Yes No					
Owner's Name & Address		Business P	hone	Re	Residence Phone		
Other Driver's Name & Address		Business P	hone	Re	Residence Phone		
Describe Damage in Detail	Estimate Am			Where Can Damage Be Seen?			
Section 5 Injured	l (<mark>General L</mark>	iability -	- Auto Lic	ability)			
Name & Address	Phone #	PED	Mem. Veh.	Other Veh.	Age	Extent of Injury	
Section 6 Witnes	<mark>s</mark> or Passen	gers					
Name & Address Ph		Member Vehicle		Other Vehicle		Other (Specify)	
	, or Damag	-				n Auto)	
Location of Loss		P	olice or Fire De _l	oartment reporte	d to:		
Kind of Loss (Fire, Wind, Explosion, e	tc.)	P	robable amoun	t entire loss:			
Description of Loss & Damage							

White: Primex³ Copy Canary: Member Copy Page 2 of 2

Date: ___