



VLCT PACIF Auto Loss Notice

Start by saving this blank file on your computer. Open the saved version, fill it in electronically*, save it again, and attach it to an email to newclaim@vlct.org.
***Tips:** Instead of mousing around, use the Tab key to move forward field by field, use Shift-Tab to move backward, and press the Space bar to check a selected check box.

Member name & address		Contact info for employee involved in accident	
Date of accident		Phone number	Email
Time of accident	Location of accident		

Who Responded to The Accident Scene?

Department or jurisdiction that responded	
Incident Number	Citation(s) issued and to whom

PACIF MEMBER's vehicle, driver, and business use information

Vehicle year	Make	Model	Serial number or VIN	Plate number	State
Driver name & address			Phone numbers H C W	License number	DOB State
Was the vehicle used with permission?		Was the vehicle used for business?		Was the driver employed by Member?	
Where can member vehicle be seen for inspection?			Specify damage (area, extent, etc.)		Est. damage (\$)

OTHER vehicle, owner, driver, and insurance information

Owner name & address	H C W	License number	State
Is the vehicle owner also the driver? (If yes, please skip to Vehicle year)			
Driver name & address	H C W	License number	State

Vehicle year	Make	Model	Serial number or VIN	Plate number	State
Where can other vehicle be seen for inspection?		Specify damage (area, extent, etc.)		Est. damage (\$)	
Insurance company			Policy number		

Injury information: *Federal law requires us to obtain the Date of Birth and Social Security number of a party who is injured or collecting Medicare/Medicaid or SSDI.*

Injured 1 name & address	Phone number(s)	DOB	Social Security number
Location during accident	Describe injury (-ies)		

Injured 2 name & address	Phone number(s)	DOB	Social Security number
Location during accident	Describe injury (-ies)		

Passenger(s) and Witness(es)	Name and address	Phone number(s)
Passenger 1		
Passenger 2		
Witness 1		
Witness 2		

Accident description

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Other information

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Date completed	Electronic signature

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Questions? Please contact us
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