

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.

Date of accident Phone number												
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Owner name & address												
Owner name & address												
Owner name & address	OTHER vehicle.	owner, driver, and in	nsura	nce information								
name & C	Owner							License number			State	
address	name &											
	address				W							
Is the vehicle owner also the driver?	Is the vehicle ow	vner also the driver?										
(If yes, please skip to Vehicle year)												
	Driver				Н			License number			State	
	name &				C							
address W												

Vehicle year	Make	Model		Serial number or VIN	Plate nur		mber	State		
Where can oth	ner vehicle be seen for	inspection?	Specify	cify damage (area, extent, etc.)			Est. damage (\$)			
Insurance company										
	tion: Federal law requ licare/Medicaid or SS		Date of L	Birth and Social Secur	ity number of a	party wh	no is injured o	r		
Injured 1		F	hone nu	ımber(s)	DOB	S	ocial Security i	ocial Security number		
name & addre	SS									
Location durin	g accident		Describe	injury (-ies)						
Injured 2 name & addre	SS	F	Phone nu	ımber(s)	DOB S		Social Security number			
Location durin		[Describe	injury (-ies)						
	and Witness(es)	Name and addre	ss		Phone numbe	r(s)				
Passenger 1										
Passenger 2										
Witness 1										
Witness 2										
Accident description										
Other informat	tion									
Date complete	d			Electronic signature						

Save the blank file on your computer <u>before</u> you fill it in electronically. When you have saved the final version, attach it to an email and send it to <u>newclaim@vlct.org</u>.

Questions? Please contact us **VLCT PACIF** — **Claims Division**

89 Main Street, Suite 4; Montpelier VT 05602 Phone: (800) 649-7915; Fax: (802) 229-2211

