



# Michigan County Road Commission Self-Insurance Pool

## Physical Damage Loss Claim Form

This form is used for reporting claims directly to the Third Party Administrator. Please fill out the fields below. All fields on this page are **required**. Additional fields are available on the following pages. When you have completed the form, click the “Submit” button (requires Microsoft Office Outlook or similar e-mail program), you may also save this form to your desktop and attach it to a new email message or print this form and fax it to 517- 485-4809.

### Member and Contact Information

Member Name:		
Address:		
City:	State:	Zip:
Reported By:	Date Reported:	
Contact Person:	Contact Phone:	
Contact Email:	Contact Fax:	

### Loss Information

Date of Loss:	Time of Loss:
Location of Incident:	
CRC Unit Number:	
Description:	
Police Notified:      Yes      No	Injuries:      Yes      No



# Michigan County Road Commission Self-Insurance Pool

## Physical Damage Loss Claim Form

---

### Building/Contents

Site Number:	Building Number:
Building Location:	
Building Damage Estimate:	
Description of Damage:	

### Vehicle/Content

Unit Number:	Year:
Make:	Model:
VIN:	Estimated Damage:
Driver/Operator:	
Vehicle May Be Seen At:	

### Other Property Involved

Owner's Name:	Phone:
Address:	
Make:	Model:
VIN:	Driver:
Insurance Company:	
Policy Number:	Estimated Damage:
Vehicle May Be Seen At:	

### Police Agency

Police Agency:
Police Address:



# Michigan County Road Commission Self-Insurance Pool Physical Damage Loss Claim Form

## Injuries

Name and Address	Phone	Extent of Injury	

## Witnesses

Name and Address	Phone	Other (Specify)

## Other Information

--