

LOSS NOTICE REPORT

All Claims Other than Workers Compensation

(Please Print or Type)

RMA MEMBER INFORMATION	Municipality:			
	Name of person with Information on the loss:			
	Title:		Phone #:	
DATE AND PLACE OF INCIDENT	Date and hour of loss:		Date you were notified of loss:	
	Location/address of incident?			
	City:		State:	
	Police report filed?		If yes, which police department?	
INJURED PERSON INFORMATION	Full name:		Sex:	Apparent age:
	Full address:			Phone #:
	Occupation:		Employed by:	
	Nature and extent of the injury:			
	Type of medical treatment provided?		Hospital/Dr. name:	
PROPERTY DAMAGE	Property description:			
	Cause of loss (fire, wind, explosion...):			
	Owner of the property:			Phone #:
	Approximate cost of repairs:			
AUTOMOBILE DAMAGE	YEAR	MAKE/MODEL	DAMAGE (Windshield, total loss...)	VEHICLE OWNER
INCIDENT DESCRIPTION				
WITNESSES	NAME		ADDRESS	
COMMENTS				
Date:	Reported by:		Signature:	

Please fax the completed form to: (312) 455-6477 or email: imlrmaclaimsreports@ccmsi.com. (Keep one copy for your file.)

Illinois Municipal League Risk Management Association, c/o CCMSI
550 West Van Buren Street, Suite 1200, Chicago, IL 60607

If you have questions, please call (866) 908-9230