



MIDWEST CLAIMS SERVICE
 24 Hour Telephone: 800-225-6561
 FAX: 248-371-3091
 E-Mail claims@midwestclaims.com

NOTICE OF

- CLAIM (Submitted for consideration of payment)
 INCIDENT NOTICE (Record of purpose – may develop into claim)

Date Reported: _____ Policy Number: _____ Policy Term: _____
 Reported By: _____ Phone #: _____ Fax #: _____
 Title/Position: _____ Email Address: _____

INSURED: _____
 Contact Person: _____ Title/Position: _____
 Address: _____ Phone #: _____
 Email Address: _____ Fax #: _____

COVERAGE TYPE: General Liability Police Liability Public Officials Liability Auto Liability Auto Physical Damage

LOSS INFORMATION - DESCRIBE HOW LOSS OCCURRED: _____

ATTACH ADDITIONAL COPIES AS NEEDED

REPORTED TO Public Works –		REPORT #	
LOCATION OF CLAIM/INCIDENT	DATE OF CLAIM/INCIDENT	TIME 7:00 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE INSURED NOTIFIED

- Department
- Admin/General Operations Other Public Works – Solid Waste
 Electric Utility Police Public Works – Tree Care
 EMS Public Works Sanitary Sewer Utility
 Fire Dept. – Paid Public Works – Park & Rec. Water Utility
 Fire Dept. - Volunteer Public Works – Streets-Snow/Maintenance Other _____

INSURED VEHICLE AUTO LOSS INFORMATION			
VEH. NO.	YEAR, MAKE, MODEL	V.I.N. (VEHICLE IDENTIFICATION)	PLATE NO.
DRIVER'S NAME		RESIDENCE PHONE (A/C No.)	BUSINESS PHONE (A/C, No., Ext.)
DESCRIBE DAMAGE	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	PURPOSE OF USE
	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	
INSURED PROPERTY LOSS INFORMATION			
LOCATION OF LOSS		POLICE OR FIRE DEPT. TO WHICH REPORTED	
KIND OF LOSS (Fire, Wind, Explosion, Etc.)		PROBABLE AMOUNT ENTIRE LOSS	

PROPERTY OF OTHERS LOSS INFORMATION									
DESCRIBE PROPERTY (If auto, year, make, model, plate no.)			OTHER VEH/PROP. INS? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME & POLICY NO.				
OWNER'S NAME & ADDRESS		BUSINESS PHONE (A/C, No., Ext.)		RESIDENCE PHONE (A/C, No.)					
DESCRIBE DAMAGE		ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?					
INJURED									
NAME & ADDRESS			PHONE (A/C, No.)		PED	INS. VEH.	OTHE R VEH.	AGE	EXTENT OF INJURY
WITNESSES									
NAME & ADDRESS				BUSINESS PHONE (A/C, No., Ext.)		RESIDENCE PHONE (A/C, No.)			

FORWARD THIS REPORT TO MIDWEST CLAIMS SERVICE, 1700 Opdyke Court, Auburn Hills, Michigan 48326. If a loss involves bodily injury or major property damage, please contact MIDWEST CLAIMS SERVICE at 1-800-225-6561. We will take the loss information from you and investigate as necessary. The information we will need will closely follow this form so you may use it as a guideline. If you do not have complete information, do not delay in reporting. Details will be determined during the investigation. PLEASE REPORT DIRECTLY AND PROMPTLY. (Record of purpose may develop into claim)