

CONNECTICUT STATEWIDE INSURANCE CONSORTIUM
SELF-INSURED RESERVE (SIR) FUND VEHICLE CLAIM FORM

¹ Submittal due date within ninety (90) days of incident.

² If claim amount being submitted is equal to or higher than \$10,000.00 agency must initially notify, in writing, the Connecticut Department of Transportation (CTDOT), Office of Transit and Rideshare and request pre-approval prior to vehicle repairs being initiated. Following documentation must be provided:

- Police accident report
- Agency incident/supervisory report
- Two (2) original independent estimates
- National Insurers Audit Bureau (NIAB) estimate
- NIAB fee
- Photos of agency's damaged vehicle

Upon approval and notification by CTDOT, agency can proceed with vehicle repairs and submit the completed SIR Fund Vehicle Claim Form and required documentation to Greater Hartford Transit District (GHTD) for reimbursement.

³ Not applicable to vehicle glass repair/replacement claims.

⁴ Independent.

⁵ Independent or agency maintenance department.

⁶ Number of days from date of incident thru date of claim submitted by agency.

⁷ If claim amount being requested is equal to or higher than \$5,000.00, but less than \$10,000.00 GHTD will submit the completed SIR Fund Vehicle Claim Form and required documentation to CTDOT for pre-approval.

Upon approval and notification by CTDOT, GHTD can proceed to include reimbursement request in future GHTD invoice.

Please be aware an agency submitting a completed SIR Fund Vehicle Claim Form must take photos of the damaged area of the vehicle. If requested by GHTD or CTDOT, the agency must produce this documentation to support its claim amount being submitted.

Questions regarding the completion of this form can be directed to Nhan Vo-Le at (860) 247-5329 X3009
Nhvole@ghtd.org