

CONNECTICUT TRANSIT AGENCY CONSORTIUM SELF-INSURED RESERVE FUND CLAIM FORM

Transit Agency	
Contact Name	Phone No.
Date of Loss	VIN
Vehicle Make	Vehicle Year
Vehicle Model	Claim Amount

TYPE OF LOSS

<input type="checkbox"/> Glass Repair/Replacement	<input type="checkbox"/> Physical Damage Claim
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REQUIRED DOCUMENTATION

GLASS REPAIR/REPLACEMENT	PHYSICAL DAMAGE
<input type="checkbox"/> Invoice Attached <input type="checkbox"/> Accident Report Attached <input type="checkbox"/> Vendor Invoice/Maintenance Dept Work Order Attached	<input type="checkbox"/> NIAB Claim Form Attached <input type="checkbox"/> Two (2) Independent Estimates Attached <input type="checkbox"/> Agency Maintenance Dept Estimate (optional) <input type="checkbox"/> Accident Report Attached <input type="checkbox"/> Police Report Attached <input type="checkbox"/> Vendor Invoice/Maintenance Dept Work Order Attached

Cause (check all that apply)	Brief Description of Incident/Accident
<input type="checkbox"/> Falling Debris	
<input type="checkbox"/> Contact with Stationary Object	
<input type="checkbox"/> Backing into Object	
<input type="checkbox"/> Running over Object	
<input type="checkbox"/> Failure to Stop at Light/ Stop or Yield Sign	
<input type="checkbox"/> Failure to Provide Right of Way	
<input type="checkbox"/> Use of Cell Phone or Other Electronic Devices	
<input type="checkbox"/> Rear ended Vehicle	
<input type="checkbox"/> Pulling into Traffic	
<input type="checkbox"/> Weather Related	
<input type="checkbox"/> Failure to Secure Vehicle	
<input type="checkbox"/> Substance Related (drugs, alcohol, prescription drugs)	

Submit with all required documentation to Greater Hartford Transit District