

CONNECTICUT STATEWIDE INSURANCE CONSORTIUM

SELF-INSURED RESERVE (SIR) FUND VEHICLE CLAIM FORM

Complete sections 1 and 2 of form and submit all required documentation to Miguel Lefebre @ MLefebre@ghtd.org telephone no. (860)380-2008 and Benjamin Bolt at BBolt@ghtd.org telephone no. (860)380-2014

Section 1 - Agency/Vehicle Incident Information

Agency			
Contact Name (Print)		(Signature)	
E-mail		Phone No.	
Name (Driver Involved)		Vehicle Make	
Vehicle Incident (Date)		Vehicle Model	
Vehicle Repairs Completed (Date)		VIN	
Vehicle Returned to Service (Date)		Vehicle Mileage	Vehicle Year
SIR Claim Submitted by Agency ¹ (Date)		Claim Amount Being Submitted ²	\$

Section 2 - Type of Claim: ☐ Physical Vehicle Damage ☐ Glass Repair ☐ Glass Replacement

Required Documentation	Date		
<input type="checkbox"/> Police Accident Report ³			
<input type="checkbox"/> Operator & Supervisory Report			
<input type="checkbox"/> Pictures of Damages in color		Vendor Name	Amount
<input type="checkbox"/> Original Estimate No. 1 ⁴			\$
<input type="checkbox"/> Original Estimate No. 2 ^{3, 5}			\$
<input type="checkbox"/> National Insurers Audit Bureau Estimate ³			\$
<input type="checkbox"/> National Insurers Audit Bureau Fee ³			\$
<input type="checkbox"/> Vendor Bill/Agency Maint. Dept. Work Order			\$
<input type="checkbox"/> Other Cost			\$

Section 3 - To Be Completed By Greater Hartford Transit District

SIR Fund Vehicle Claim Received (Date)			
Elapsed Time ⁶ (Days)			
Time Reviewing SIR Fund Vehicle Claim (Hours)			
Invoice Month/Year		Claim Amount Being Requested ⁷	\$
Reviewed (Date)			
Reviewed By (Print)		(Signature)	