

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 <small>(Print)</small>		(Signature)	
E-mail		Phone No.	
Name <small>(Driver Involved)</small>		Vehicle Make	
Vehicle Incident <small>(Date)</small>		Vehicle Model	
Vehicle Repairs Completed <small>(Date)</small>		VIN	
Vehicle Returned to Service <small>(Date)</small>		Vehicle Mileage	Vehicle Year
SIR Claim Submitted by Agency ¹ <small>(Date)</small>		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	N/A		\$ N/A
<input type="checkbox"/> National Insurers Audit Bureau Fee ³			\$ N/A
<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 <small>(Date)</small>			
Elapsed Time ⁶ <small>(Days)</small>			
Time Reviewing SIR Fund Vehicle Claim <small>(Hours)</small>			
Invoice Month/Year		Claim Amount Being Requested ⁷	\$
Reviewed <small>(Date)</small>			
Reviewed By <small>(Print)</small>		(Signature)	