

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 at MLeFebre@ghtd.org telephone no. (860) 380-2008 Nhan Vo-Le at Nhvole@ghtd.org telephone no. (860) 380-2009.

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 1FMCO9J989LUA08000	
Vehicle Returned to Service <small>(Date)</small>	Vehicle Mileage 150,000	Vehicle Year
SIR Claim Submitted by Agency <small>(Date)</small>	Claim Amount Being Submitted	

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

Required Documentation	Date		
<input type="checkbox"/> Police Accident Report			
<input type="checkbox"/> Operator’s Report			
<input type="checkbox"/> Supervisory Report			
<input type="checkbox"/> Pictures of Damages in color		Vendor Name	Amount
<input type="checkbox"/> Original Estimate No. 1			
<input type="checkbox"/> Original Estimate No. 2			
<input type="checkbox"/> National Insurers Audit Bureau Estimate			
<input type="checkbox"/> National Insurers Audit Bureau Fee			
<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 <small>(Days)</small>			
Time Reviewing SIR Fund Vehicle Claim <small>(Hours)</small>			
Invoice Month/Year		Claim Amount Being Requested	\$
Reviewed <small>(Date)</small>			
Reviewed By <small>(Print)</small>		(Signature)	