



NEW MEXICO SELF-INSURERS' FUND AUTO PHYSICAL DAMAGE LOSS NOTICE

Please print clearly and email to: liabilityclaims@nmsif.org

MUNICIPALITY: _____ POLICY#: _____

DATE OF LOSS: _____ TIME OF LOSS: _____ AM PM

NMSIF AUTO ID #: _____ VIN#: _____

VEHICLE YEAR: _____ VEHICLE MAKE: _____

VEHICLE MODEL: _____

IS VEHICLE DRIVABLE: YES NO PHONE # OF LOCATION: (____) - _____

IF NOT, ADDRESS VEHICLE IS LOCATED: _____

ESTIMATED COST OF DAMAGES: \$ _____

DRIVER OF INSURED VEHICLE: _____

DRIVER'S PHONE # (____) - _____ DRIVER'S LICENSE #: _____

DEPARTMENT: _____

PERSONS INVOLVED IN INCIDENT:

NAME: _____ PHONE: (____) - _____

NAME: _____ PHONE: (____) - _____

DESCRIPTION OF ACCIDENT: _____

DESCRIBE ANY OTHER INFORMATION WHICH YOU FEEL IS PERTINENT TO THIS CLAIM:

POLICE REPORT MADE: YES NO IF YES, AGENCY: _____

PERSON SUBMITTING: _____ TITLE: _____

TELEPHONE NUMBER: (____) - _____ DATE: ____ / ____ / ____