



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

Please print clearly and email to: [liabilityclaims@nmml.org](mailto:liabilityclaims@nmml.org)

MUNICIPALITY: \_\_\_\_\_ POLICY#: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_ TIME OF LOSS: \_\_\_\_\_

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: \_\_\_\_\_ / \_\_\_\_\_