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

Please print clearly and email to: liabilityclaims@nmml.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: __/__/____

Fund Headquarters
P.O. Box 846 • Santa Fe, NM 87504 • (800) 432-2036