



General Loss Notice

Montana Association of Counties
 PO Box 7059, Helena, MT 59604-7059
 (406) 442-1178 / (888) 442-8552
 FAX (406) 443-4161

Insured

NAME OF INSURED	DEPARTMENT INVOLVED	DATE REPORTED	
MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	CONTACT PHONE	CONTACT E-MAIL ADDRESS	

Loss / Claim Information

DATE OF LOSS	TIME OF LOSS	LOCATION	POLICE CONTACTED
EVENT DESCRIPTION			

Motor Vehicle Accident – Insured’s Vehicle

DRIVER’S NAME	HOME PHONE NUMBER	WORK PHONE NUMBER	
DRIVER’S MAILING ADDRESS	CITY	STATE	ZIP CODE
ARE THERE INJURIES Yes No	EXPLAIN INJURIES		WHERE CAN VEHICLE BE SEEN
VEHICLE TYPE (YEAR, MAKE, MODEL)	LICENSE No.	VEHICLE ID (VIN)	ESTIMATE AMOUNT
DESCRIPTION OF DAMAGE			

Other Vehicle / Property Damage

OWNER’S NAME	HOME PHONE NUMBER	WORK PHONE NUMBER	
OWNER’S MAILING ADDRESS	CITY	STATE	ZIP CODE
DRIVER’S NAME	HOME PHONE NUMBER	WORK PHONE NUMBER	
DRIVER’S MAILING ADDRESS	CITY	STATE	ZIP CODE
ARE THERE INJURIES Yes No	EXPLAIN INJURIES	SSN#	DATE OF BIRTH
VEHICLE TYPE (YEAR, MAKE, MODEL)	LICENSE No.	VEHICLE ID (VIN)	ESTIMATE AMOUNT
DESCRIPTION OF DAMAGE			

Witnesses / Passengers

TYPE	NAME	ADDRESS	CITY	STATE	ZIP CODE
ARE THERE INJURIES Yes No	EXPLAIN INJURIES		SSN#	DATE OF BIRTH	PHONE NUMBER
TYPE	NAME	ADDRESS	CITY	STATE	ZIP CODE
ARE THERE INJURIES Yes No	EXPLAIN INJURIES		SSN#	DATE OF BIRTH	PHONE NUMBER
REMARKS					