



AMSC Auto Claims Reporting Form

Please submit all claims to Michael Parkin, Claims Consultant

E-mail: mparkin@auma.ca

Claims Fax: 1-866-571-6042

After Hours Emergency Claims Service Phone Number: 1-866-939-2862

Municipality: _____

Contact Name: _____

Contact Phone Number: _____ Contact E-mail: _____

Name other parties having a **Financial Interest** in the insured property: _____

Municipality Information

Driver Name: _____

Vehicle Description: _____

Serial Number: _____ Schedule or Item Number: _____

Drivers License Number: _____

Passenger(s): Yes No

If yes, Name: _____

Phone Number: _____

Third Party Information

Name: _____

Phone Number: _____ Date of Birth: _____

Vehicle Description: _____

Insurance Company: _____

Insurance Policy: _____ Drivers License Number: _____

Passenger(s): Yes No

If yes, Name: _____

Phone Number: _____

Loss Information

Date of Loss: _____

Loss Location (Address): _____

Municipal Driver

Third Party Driver

Road Conditions: _____

Injuries: Yes No

Yes No

If yes, describe: _____

Seat Belts Worn: Yes No

Yes No

Was the driver under the influence of Medication, Alcohol, or Drugs: Yes No

Yes No

If yes, describe: _____

Police Case File Number: _____

Police Report Attached: Yes No

Yes No

Statement Attached: Yes No

Yes No

Details or Comments:

* Please complete as much information as possible