

**BAY CITIES JOINT POWERS INSURANCE AUTHORITY
AUTOMOBILE PHYSICAL DAMAGE LOSS NOTICE**

(automobile liability losses should be reported separately on "VEHICLE ACCIDENT REPORT" form)

DATE & TIME OF LOSS:

Accident Date _____ Time _____ a.m. / p.m.

BCJPIA MEMBER INFORMATION:

Entity Name: _____

Address: _____

Phone: () _____ Contact person: _____

Fax: () _____ E-mail: _____

ACCIDENT INFORMATION:

Location: _____

City & State: _____

Description of accident: _____

Describe Damage: _____

Estimates of Damage (two estimates required/please attach both estimates):

1) \$ _____ By: _____

2) \$ _____ By: _____

Other Driver's Name: _____

Address: _____ Phone #: _____

Insurance company on other vehicle: _____ Policy #: _____

(CONTINUE ON NEXT PAGE)

COVERED VEHICLE:

V.I.N.: _____
(vehicle identification number)

License Plate Number: _____

Make: _____ Model: _____ Year: _____

Purchase price: _____ Mileage: _____
(attach purchase invoice)

Equipment permanently attached to vehicle (list only if damaged and attach list if necessary):

Description: _____

Purchase price: _____ (attach purchase invoice)

DRIVER OF VEHICLE:

Name: _____

Driver's license number: _____

LAW ENFORCEMENT CONTACTED:

Authority: _____

Report No.: _____ (attach copy)

Violations/Citations: _____

WITNESSES OR PASSENGERS:

Name / Phone / Address: _____

Name / Phone / Address _____

Name / Phone / Address _____

REPORT COMPLETED BY:

Name/Title: _____

Signature: _____

Indicate to whom reimbursement check should be made: _____

SUPERVISOR SUBMIT COMPLETED FORMS TO:

BCJPIA, Attn: Harmik Ebrahimi, via email: Harmik.Ebrahimi@sedgwick.com OR via fax: (916) 244-1199.

All auto losses must be reported as soon as practicable upon knowledge of a loss.

For questions, please contact Claim Manager, Jon Lackey at (916) 244-1184
