



# VLCT PACIF General Liability Loss Notice

**Start by saving this blank file on your computer.** Open the saved version, fill it in electronically\*, save it again, and attach it to an email to [newclaim@vlct.org](mailto:newclaim@vlct.org).  
**\*Tips:** Instead of mousing around, use the Tab key to move forward field by field, use Shift-Tab to move backward, and press the Space bar to check a selected check box.

Member name & address	Member Contact with most knowledge of loss		
Date of incident (mm/dd/yyyy)	Phone number	Email	
Location of incident			Time of incident

**Select the type of incident**

Slip/Trip	Pothole	Water	Sewer	Other
If Other, please describe				

**If the loss involves PROPERTY damage:**

Claimant's name & address	Phone numbers H C W	Email address
Is the Damaged Property located at the Claimant's address? If no, specify address	Yes	No
Describe property damage	Estimated damage (\$)	Services called

**If the loss involves an INJURY, *federal law requires us to obtain the injured person's date of birth and social security number.***

Injured person's name & address	H C W	Email address	
		DOB (mm/dd/yyyy)	Social Security Number
Body part injured	Type of injury		

Which of the following medical services apply?

First aid	Physician	Ambulance	Emergency service	Other
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Treating physician or medical provider

Name	Address
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Insurance: Check all that apply

Health insurance	Medicare/Medicaid	Social Security Disability
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Insurance information

Insurance company	Address	Policy #
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Describe how the incident occurred

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Witnesses

Name and address	Phone number(s)
Name and address	Phone number(s)

Other information

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Date completed

Electronic signature

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Questions? Please contact us:  
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