



Member Owned, Member Driven

MEMBER CLAIM SUBMISSION

1st Report of Damage to Your Property or Vehicle
To Be Completed by Risk Manager and sent to ICRMP

Member Name: _____

Mailing Address: _____

City: _____

Zip Code: _____

Risk Manager: _____

E-mail: _____

Phone Number: _____

Fax: _____

Date of Incident: _____

Who reported the incident to you: _____

Department Involved: _____

Employee(s) Involved: _____

Description of What Happened:

(Please attach any additional information you deem necessary)

Description of Property Damaged & Location: _____

Make, Model & VIN # of Vehicle or Equipment Damaged: _____

Risk Manager Signature: _____ Date Signed: _____