



MISSISSIPPI MUNICIPAL SERVICE COMPANY

Automobile Loss Notice

MEMBER		DATE OF LOSS:				
Member Name & Address	Date Municipality Notified	Date Notice Sent To MMSC		Date Report Prepared		
	Preparer's Name & Title			Previously Reported		
				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Municipal Department Involved	Municipal Contact Person		Contact's Phone			
			() - ext.			
LOSS						
Location of Accident (include city & state)		Time of Loss	Police Contacted			
Description of Accident						
MUNICIPAL VEHICLE						
Municipal Driver's Name		Driver's Job Title		Driver's Phone		
				() - ext		
Municipal Vehicle (Veh #, Year, Make, Model)		V.I.N. (Vehicle Identification Number)		Used With Permission?		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
OTHER PARTY – PROPERTY DAMAGED						
Describe Damage (Auto: year, make, model)				Other Vehicle/Property Ins.?		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Insurance Co/Agency Name & Policy #		
Owner's Name & Address		Work Phone		Mobile/Home Phone		
		() - ext		() -		
Other Driver's Name & Address <input type="checkbox"/> Check if same as owner		Work Phone		Mobile/Home Phone		
		() - ext		() -		
OTHER PARTY – BODILY INJURY						
Name & Addresses	Phone	DOB	Oth Vh	City Vh	Ped	Extent of Injury
WITNESSES						
Witness Name & Addresses		Work Phone		Mobile/Home Phone		
		() - ext		() -		
Witness Name & Addresses		Work Phone		Mobile/Home Phone		
		() - ext		() -		