



MISSISSIPPI MUNICIPAL SERVICE COMPANY
General Liability Loss Notice

CITY:		DATE OF ACCIDENT:	
City Address	Date City Notified	Date Notice Sent To MMSC	Date Report Prepared
	Preparer's Name & Title		Previously Reported Yes <input type="checkbox"/> No <input type="checkbox"/>
DEPARTMENT	City Contact Person	Contact's Phone () - ext	
LOSS			
Location of Accident (include city & state)		Time of Loss	Police Contacted
Description of Claim			
OTHER PARTY – Bodily Injury/Property Damage			
Other Party Name & Address	Work Phone () - ext.	DOB	Sex
	Mobile Phone () -	Home Phone () -	
Describe Bodily Injury	Fatality <input type="checkbox"/>	What Was Injured Doing?	Location of Medical Treatment?
Describe Property Damage (type, model, etc.)	Where/When Can Property Be Seen?	Estimated Amount?	
WITNESSES			
Witness Name & Address	Work Phone () - ext.	Mobile/Home Phone () -	
Witness Name & Address	Work Phone () - ext.	Mobile/Home Phone () -	
Remarks:			