



MISSISSIPPI MUNICIPAL SERVICE COMPANY
General Liability 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 Claim			
OTHER PARTY – Bodily Injury/Property Damage			
Other Party Name & Address	Work Phone	DOB	Sex
	() - ext.		
	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	Mobile/Home Phone	
	() - ext.	() -	
	Witness Name & Address	Work Phone	Mobile/Home Phone
	() - ext.	() -	
Remarks:			