



**NOTICE OF:**     **NEW CLAIM**                       **LAWSUIT**

*Send New Claims to:* Ms. Vickie Brand

*Send Lawsuits to:* Mr. David Sikes, Litigation Manager

**Alabama Municipal Insurance Corporation**  
110 North Ripley . Montgomery, Alabama 36104  
Telephone #1-866-239-AMIC (2642) or (334)-386-3863 or Fax # (334) 386-3873

**DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**CITY/TOWN OF:** \_\_\_\_\_

**TYPE LOSS:** \_\_\_\_\_ **DATE OF LOSS:** \_\_\_\_\_

**INSURED DRIVER (IF APPLICABLE):** \_\_\_\_\_

**INSURED VEHICLE (IF APPLICABLE):** \_\_\_\_\_

**LOCATION OF LOSS:** \_\_\_\_\_

**DESCRIPTION OF ACCIDENT/LOSS:** \_\_\_\_\_

**CLAIMANT(S):** (Use additional sheets if necessary)

1. Name: _____	Age: _____	2. Name: _____	Age: _____
Address: _____		Address: _____	
Telephone: (Home) _____ (Work) _____		Telephone: (Home) _____ (Work) _____	
Vehicle: _____		Vehicle: _____	
Injuries: _____		Injuries: _____	
Attorney: _____		Attorney: _____	

**ATTACHMENTS:**

Police Report \_\_\_\_\_ Insured's Statement \_\_\_\_\_ Medical Bills \_\_\_\_\_  
Claimant's Statement \_\_\_\_\_ Repair Estimate \_\_\_\_\_ Repair Bills \_\_\_\_\_  
Attorney Letter \_\_\_\_\_ Suit Papers \_\_\_\_\_ **Other** \_\_\_\_\_

***IF LAWSUIT, PLEASE COMPLETE THE FOLLOWING PAGE***

Date Suit Served: (On City) \_\_\_\_\_

Date Suit Served: (On Agents/Employees) \_\_\_\_\_

List the Names(s), Address and Telephone Number of the Defendant(s) who are employees or agents of the City/Town:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Name(s) and Telephone Number(s) of Person(s) to contact to begin investigation of this lawsuit:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Remarks:

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