



FAX TO (919) 715-8465 OR
 EMAIL TO: ClaimsAdmin@ncml.org

AUTO ASSIGNMENT NOTICE				
LINE OF BUSINESS	ADJUSTER	CLAIM NUMBER	DATE REPORTED	
DATE AND TIME OF ACCIDENT		POLICE REPORT NUMBER		
MUNICIPALITY				
ADDRESS				ZIP
CONTACT		PHONE NUMBER	EMAIL	
ACCIDENT				
LOCATION				
DESCRIPTION OF ACCIDENT				
INSURED VEHICLE				
YEAR	MAKE	MODEL	V.I.N. (Last 4 digits)	
Dept. Vehicle Assigned To:				
DRIVER'S NAME			PHONE	
WHERE CAN VEHICLE BE SEEN				
DESCRIBE DAMAGE				
PROPERTY DAMAGED				
DESCRIBE PROPERTY (YEAR, MAKE, MODEL.)		Insurance Company & Policy No.		
OWNER		Work Number	Home Number	
DRIVER (CHECK IF SAME) <input type="checkbox"/>		Work Number	Home Number	
DESCRIBE DAMAGE			VEHICLE LOCATION	
INJURED				
NAME & ADDRESS		PHONE	EXTENT OF INJURY	
REPORTED BY		CONTACT PHONE NUMBER-EMAIL		