

Brotherhood Auto Aid USA

Claim Form

PO Box 337
Montezuma, KS 67867

Voice (620) 846-2287
Fax (888) 977-8823
baa@ucom.net

Section A—Policyholder Information

Policy Holder _____
Address _____
City _____ St _____ Zip _____
Email _____
Telephone _____ Mobile _____
Fax _____ Date of Loss _____
Name of Driver _____ Age _____
Was the driver properly licensed? - Yes - No

Section B—Vehicle Information

Policy Number _____
Year _____ Make _____
Model _____ Trim _____
VIN (17 digits) _____
Miles _____
Is there a lien against this vehicle? - Yes - No
Name of lien holder _____

Section C—Comprehensive Claim

Glass Fire Theft Hit & Run Animal Collision
 Flood Hail Storm Vandalism Projectile

Section D—Collision Claim

1. Was this a single vehicle or a multi-vehicle incident? - Single - Multiple
2. How did the incident happen? _____

3. Who was at fault in this incident? - You - Other Party Was this incident reported to the authorities? - Yes - No
4. If this was a multi-vehicle incident, is your liability company responsible for damage to the other party's vehicle? - Yes - No
5. If this was a multi-vehicle incident, please provide the name, address, and age of other party involved.

6. If the other party involved was at fault, have you tried to obtain payment from their liability? - Yes - No
If yes, explain _____ To what extent? _____

Section E—Claim amounts

TWO ESTIMATES ARE REQUIRED FOR LOSSES WITH THE FOLLOWING EXCEPTIONS: (1) the shop is owned by our brethren, or (2) the claim is less than \$2,500.00, or (3) it is a glass claim. If it is impossible to obtain two estimates, please discuss the claim with the office personnel *before* the claim is filed. BAA will pay the lowest bid per rules and regulations. Checks will be issued to the policyholder unless other arrangements have been made. Non-Licensed drivers on public roads are not eligible for BAA Coverage.

Please list estimate amounts. Estimate 1 _____ Estimate 2 _____

Please list salvage bids if total loss. Salvage Bid 1 _____ Salvage Bid 2 _____

Please provide the complete estimates with this claim report to Brotherhood Auto Aid

Signature of Policy Holder _____ Date _____

