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				Section B—Vehicle Information Policy Number		
City		St 2	Zip	Model		Trim
Email				VIN (17 digits)		
Telephone	lephoneMobile			Miles		
Date of Loss			Is there a lien against this vehicle? Yes No			
Name of Driver			Age	Name of lien ho	older	
Was the driver prop	perly licensed? [Yes No				
Section C—Comp	rehensive Claim	- If you choos	se a Section C item	please fill out Section L	D-2	
Glass	Fire		☐ Theft	☐ Vandal	ism	Animal Collision
Flood	☐ Hail		Storm	☐ Hit & R	un	Projectile
Section D—Collisi	ion Claim					
1. Was this a single		-vehicle incident	? Single	Multiple		
2. How did the incid				•		
z. How are the men						
	_					
3. Who was at fault	t in this incident?	☐ You ☐ O	ther Party Wa	s this incident reported	to the authoriti	es? 🗌 Yes 🔲 No
4. If this was a mult	ti-vehicle incident,	, is your liability c	ompany responsib	e for damage to the ot	ther party's vehic	cle? Yes No
5. If this was a mult	ti-vehicle incident,	, please provide t	he name, address,	and age of other party	involved.	
6. If the other party	v involved was at f	fault. have vou tri	ed to obtain pavm	ent from their liability?	P ∏Yes ∏	No
	•	-	To what extent?			
, , , <u> </u>						_
Section E—Claim	amounts					
if: (1) the body shop is vehicle is legally or mo shop obtains approva filed, BAA will make so	s owned by a membe echanically not driva Il for their estimate ettlement according	per of the Church o able, or (4) it is for from the BAA office to the lowest estir	f God in Christ, Men a glass loss. If damag e before repairs with nate received. BAA v	hop as to the repair work nonite, or (2) the loss am e exceeds \$5,000.00, onl direct payment issued to vill pay the lowest bid per nsed drivers on public ro	ount is less than \$ ly one estimate is r o said body shop. I r rules and regulati	5,000.00, or (3) the required if the body f two estimates are ions. Checks will be
Please list estimate	amounts.	Estimate 1		Estimate 2		
Please list salvage b	ids if total loss.			Salvage Bid 2		
Please p	rovide copies of t	he estimates wit	h this claim report	to Brotherhood Auto	Aid	

Signature of Policy Holder ______ Date _____