

Brotherhood Auto Aid USA Claim Form

PO Box 337
Montezuma, KS 67867

Voice (620) 846-2287
Fax (888) 977-8823
claims@baa.faith

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 - If you choose a Section C item please fill out Section D-2

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

When there is a loss, you shall provide BAA with an estimate from a reliable body shop as to the repair work needed. Only one estimate is required if: (1) the body shop is owned by a member of the Church of God in Christ, Mennonite, or (2) the loss amount is less than \$5,000.00, or (3) the vehicle is legally or mechanically not drivable, or (4) it is for a glass loss. If damage exceeds \$5,000.00, only one estimate is required if the body shop obtains approval for their estimate from the BAA office before repairs with direct payment issued to said body shop. If two estimates are filed, BAA will make settlement according to the lowest estimate received. 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 copies of the estimates with this claim report to Brotherhood Auto Aid

Signature of Policy Holder _____ Date _____

