

## FIRST PARTY CLAIMS PROCESS OVERVIEW

### Report a Claim Online

#### Online Reporting is convenient, fast, and easy!

As part of the SDRMA MemberServices program, SDRMA provides Property Coverage for Members' scheduled property from loss or damage. The Member is the First Party in the Coverage Agreement.

#### First Party (Member) Physical Property Damage

SDRMA allows you to report a First Party Claim online (Incident Report) for Members' scheduled structure(s) (real property) or scheduled contents (office equipment, personal property, etc.).

Once you complete the online Incident Report, you can attach more documents such as:

- ✦ Witness Statements
- ✦ Photos of Damage
- ✦ Repair Estimate
- ✦ Replacement Estimate
- ✦ Police Report

#### First Party (Member) Vehicle Comprehensive/Collision Property Damage

SDRMA also allows you to report claims for Members' scheduled automobile(s) or truck(s), subject to a deductible, for the repair or replacement of a damaged scheduled vehicle(s) as a result of an auto accident or vehicle damage.

Once you complete the online Incident Report, you can attach more documents such as:

- ✦ Witness Statements
- ✦ Photos of Damage
- ✦ Repair Estimate
- ✦ Replacement Estimate
- ✦ Police Report

After filling in this PDF form, you can either select 'SUBMIT' at the bottom of the form OR attach a saved copy of this PDF form to an email (along with other attachments) and mail it to [claims@sdrma.org](mailto:claims@sdrma.org).

A SDRMA claims examiner will call you to explain the next steps, confirm the details of the loss, and answer any questions you may have. SDRMA provides assistance Monday through Friday, from 7:30AM to 4:30 PM. If you submit your claim after hours, we will contact you the next business day.

## INCIDENT REPORT

TODAY'S DATE:

MEMBER:

ADDRESS:

CONTACT PERSON:

PHONE:

EMAIL:

TYPE OF LOSS (CHECK ALL BOXES THAT APPLY):

Claimant Property

Claimant Auto

Claimant Injury

Member Auto Physical Damage

Member Property

Other

DATE OF LOSS:

TIME OF LOSS:

LOCATION OF LOSS:

DESCRIBE INCIDENT:

FOLLOW UP ACTION TAKEN:

CONTACT PERSON:

ADDRESS:

HOME PHONE:

WORK PHONE:

WAS INJURED PERSON MOVED FROM SCENE:

YES

NO

WAS ACCIDENT INVESTIGATED BY AUTHORITIES:

YES

NO

WAS CLAIMANT GIVEN CLAIM FOR DAMAGE FORM?

YES

NO

IF SO, WHO:

WITNESS NAME:

ADDRESS:

HOME PHONE:

WORK PHONE:

PLEASE LIST ADDITIONAL WITNESSES AND CLAIMANTS ON SEPARATE SHEET OF PAPER.

### \*\*Additional Information Required for Vehicle Claims Only\*\*

#### MEMBER VEHICLE INFORMATION

VIN #

TYPE OF AUTO: (YEAR, MAKE, MODEL)

DRIVER:

PASSENGER:

#### PASSENGERS

NAME:

ADDRESS:

PHONE:

NAME:

ADDRESS:

PHONE:

#### CLAIMANT VEHICLE INFORMATION

VIN #

TYPE OF AUTO: (YEAR, MAKE, MODEL)

DRIVER:

ADDRESS:

PHONE:

OWNER:

ADDRESS:

PHONE:

POLICE/SHERIFF/CHP OFFICE REPORTED TO:

REPORT NUMBER: