



# Auto Liability Email Form

GB Client Number 010563  
Client Name Metropolitan Assoc for Improved School Legislation Trust (MAISL)

To report a claim via email, complete this form and email to: [MAISLClaims@gbtpa.com](mailto:MAISLClaims@gbtpa.com)

Is this a Record Only? **YES** **NO**

*Note: Any question with an asterisk (\*) is required information.*

## Client Information

*Member Name		
*Street Address		
*City	*State	ZIP

## Incident Information

*Incident Date		
Incident Time		
*Member Notified Date		
*Detailed Description of Incident and Bus # (limit the characters to 250)		
Were students on the bus?		
Student injuries?		
Weather Conditions		
Location of Incident Address		
City	*State	ZIP
Were Police called?		
Police Department called		
Police Report Number		

## Witnesses (only if any Witnesses)

First Name	Last Name
Phone	



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**Claimants** *(can add as many as necessary)*

## Claimant #1

*First Name		Age	
*Last Name			
Home Phone			
Street Address			
City	State	ZIP	
Make	Model	Year	
License Number			
Estimate of Damage			
Injuries			

## Claimant #2

*First Name		Age	
*Last Name			
Home Phone			
Street Address			
City	State	ZIP	
License Number			
Estimate of Damage			
Injuries			

## Insured Vehicle

Make		Model	
Serial Number		Plate #	
Damage Description			
Estimated Damage			
Driver Name		Phone #	

## Property Damage-Non Auto *(if applicable)*

Third Party Property?	
Property Owner Name	



# Auto Liability Email Form

Address

Damage Description

Estimated Damage

## Notes/Additional Comments

Additional Remarks

## Member Contact Information

\* Name

Title

\* Email Address

\* Phone Number

## Submitter Information

Name

Title

Email Address

Phone Number

NOTE: If employee was injured, contact your WC provider as well.