

VEHICLE SELF INSURANCE (VSI) CLAIM FORM

VSI Claim Number: _____

(NHQ CAP/LGT USE ONLY)

1. Wing/Region: _____

2. Date: _____

3. Vehicle Identity Number: _____

4. Accident Date: _____

5. The following are attached (enter remarks for items not attached):

	Yes	No	Remarks
a. Copy of CAPF 73 (current month)	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Copy of CAPF 78	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Copy of CAPF 79 (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Copy of police reports (if accomplished)	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Vehicle and damage photographs	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Two official repair estimates	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Copy of commander's action letter	<input type="checkbox"/>	<input type="checkbox"/>	_____

6. The driver carries private auto collision insurance: Yes No

Insurance will cover the accident: Yes No

If Yes, specify company, _____

and local agent: _____

7. I certify that the damage reported in this VSI claim occurred while the vehicle was on an official CAP activity.

Name

Duty Title

Wing CC or Designated Representative Signature

Date