



Connecticut Statewide Insurance Consortium SIR Claim Reimbursement Request Procedural Manual

**Funded by the Connecticut Department of Transportation
Administered by Greater Hartford Transit District**

Procedural Manual Self-Insured Reserve Claim (SIR) Reimbursement Request



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Objective

The purpose of this SIR Claim Reimbursement Request Procedural Manual (the "Manual") is to establish guidelines for Consortium Members (the "member") to request reimbursement from the Connecticut Department of Transportation (CTDOT) in association with physical vehicle damage. The Manual explains how to complete and submit a claim form including the required documentation for reimbursement approval.

Statement

This Manual is subject to modification and update.

Effective Date

January 1, 2019

Contact Information

Miguel LeFebre, Transportation Coordinator, District Transportation Coordinator:
mlefebrec@ghtd.org, 860-247-5329 X 3008.

DJ Gonzalez, District Operations Administrator:
djgonzalez@ghtd.org, 860-247-5329 X 3080.

Nhan Vo-Le, District Director of Fiscal and Administrative Services:
nhvole@ghtd.org, 860-247-5329 X3009.



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A. Accident Reporting

1. Police Accident Report

- a. A police report is required as part of the reimbursement request submission.
- b. In a case where there is no police report, the member's authorized personnel shall explain why the police report was not submitted in the reimbursement request. A copy of this document will be included in the reimbursement request.

2. Photos of the Damaged Area of the Vehicle

The member must take photos of the damaged area of the vehicle and submit the photos (in color if preferred) as part of the required documentation.

3. Operator's Accident Report

- a. The member's Operator involved in an accident shall provide timely and complete information on the accident report (describing the accident in detail.)
- b. This report should include at a minimum the following: member name, operator name, ID#, license #, date and time of accident, mileage & number of passengers on the bus at the time of the accident, location of accident including street name(s), where the vehicle was traveling, if the vehicle was going forward, at a stop, or taking a turn, detail of the damage, other vehicles or person(s) involved, and any other information that should be recorded in the report.
- c. The report must be signed and dated by the operator.



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4. Supervisor's Accident Report

- a. The member's supervisor will carefully review the Operator's Accident Report to ensure that the report was prepared timely and completely. A Supervisor's Accident Report is also required. This report should be completed in detail as is required of the Operator's Accident Report.
- b. A diagram of the area where the accident took place shall be included in the Supervisor's Accident Report.

B. Obtaining Estimates

1. Physical Vehicle Damage Claim

- a. Two independent quotes are required:
 - i. One quote can be from the member's maintenance department while the other quote can be from an outside vendor; or both quotes can be from separate outside vendors. The member shall ensure that sales tax is not included on the quotes.
- b. NIAB:
 - i. Member shall provide the two independent estimates to National Insurers Audit Bureau (NIAB) via email for its review and recommendation. NIAB should recommend to the member to utilize the lower estimate. In a case where the NIAB's recommendation is not the lower estimate, the member should find out from NIAB why the lower estimate was not recommended. An explanation in writing from the member's authorized personnel is required to indicate why the lower estimate was not utilized. A copy of such explanation shall be included in the reimbursement request.



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- ii. The member should ensure that all necessary information on the NIAB claim form be completed thoroughly and accurately¹.
- c. All estimates should be obtained within two weeks of the accident date. If there is a delay in obtaining the estimates, a written explanation from the member's authorized personnel is required. A copy of the explanation will be included in the reimbursement request.
- d. The following estimates shall be included in the reimbursement request:
 - i. Estimate No. 1 (from member maintenance department or outside vendor)
 - ii. Estimate No. 2 (from a separate outside vendor)
 - iii. NIAB estimate
 - iv. NIAB fee²

2. Glass Repair and/or Replacement Claim

- a. Only one independent quote is required which can be from the member maintenance department or an outside vendor.
- b. No NIAB estimate is required for this type of claim.

3. Requirement

It is important to ensure that all estimates are obtained **prior to** initiating any repairs to damaged vehicle(s) including glass repair and replacement.

C. SIR Fund Vehicle Claim Form

1. Section 1-Agency/Vehicle Incident Information; Section 2-Type of Claim

- i. Member will complete Section 1 and Section 2 of the claim form and ensure that the information on these sections is completed correctly.

¹ Please refer to Exhibit A for an example

² Please refer to Exhibit B for an example



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- ii. Under Section 2, check off each applicable box for each required document being submitted with the form and place the documents in the order as shown under this Section³.

2. Claim Amount

- a. Equal to or higher than \$10,000.00
 - i. If claim amount being submitted is equal to or higher than \$10,000.00, member must initially notify, in writing, the Connecticut Department of Transportation (CTDOT), Office of Transit and Rideshare – Mr. Michael Guerrero, Transportation Supervising Planner, at Michael.Guerrera@ct.gov telephone # (860) 594-2846, and **request pre-approval prior to vehicle repairs being initiated.** Following documentation must be provided:
 - Police accident report
 - Operator's accident report
 - Supervisor's accident report
 - Two original independent estimates
 - NIAB estimate
 - NIAB fee
 - Photos (in color preferred) of agency's damaged vehicle
 - Any other document as necessary
 - ii. Upon approval and notification by CTDOT, the member can proceed with vehicle repairs and submit the completed form and required documentation to the District for reimbursement request.

³ Please refer to Exhibit C for an example



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- b. Equal to or higher than \$5,000.00 but less than \$10,000.00
 - i. If claim amount being submitted is equal to or higher than \$5,000.00 but less than \$10,000.00, member will submit a claim form and required documentation to the District after the damaged vehicle has been repaired.
 - ii. Upon completion of its review, District staff will submit the reimbursement request to CTDOT for pre-approval. Upon the pre-approval and notification by CTDOT, District staff shall proceed to resubmit the reimbursement request to CTDOT for reimbursement approval.

- c. Less than \$5,000.00
 - i. If the claim amount being submitted is less than \$5,000.00, the member will submit a claim form and required documentation to the District after the damaged vehicle has been repaired.
 - ii. Upon completion of its review, the District will submit the reimbursement request to CTDOT for reimbursement approval.

- d. Supplemental Costs

Any supplemental estimate to cover additional vehicle repair costs must be approved in writing by CTDOT. Such supplemental vehicle repairs are not to commence unless approved in writing by this office (CTDOT) first.

At this time, this only involves SIR physical vehicle damage claims equaling or exceeding \$10K. This scenario can occur either:

- (1) When an initial SIR claim totaling \$10K or more is submitted to CTDOT for pre-approval; or



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(2) When vehicle repairs totaling less than \$10K have begun and additional repairs (i.e. supplemental costs) are required which then exceed the \$10K threshold.

Members will notify the vendor your agency chooses to have its vehicle repaired; by that the vendor must communicate to your agency (i.e. Consortium member) should they (i.e., vendor) come across any supplemental repairs resulting in additional costs then the vendor must not proceed with the supplemental repairs until instructed by your agency.

For example, if your agency chooses Autobody Shop XYZ to repair its vehicle and the initial estimate shows a cost of \$8,000. While repairing the vehicle, the vendor discovers other necessary repairs totaling an additional cost of approximately \$3,500, the vendor must immediately notify your agency of this. In turn, your agency must submit in writing a request for pre-approval to have the additional repair costs approved by CTDOT. In this case, the overall total of \$11,500 exceeds the \$10K threshold.

Once your agency's written request for supplemental repairs is approved by CTDOT then it can instruct the vendor to commence the supplemental repairs.

The pre-approval request can be submitted to CTDOT, Mr. Michael Guerrero, Transportation Supervising Planner, at Michael.Guerrera@ct.gov. The following documentation must be provided:

- Police accident report
- Operator's accident report
- Supervisor's accident report
- Two original independent estimates
- NIAB estimate
- NIAB fee



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- Photos (in color) of agency's damaged vehicle
- Supplemental estimate
- Any other document as necessary

It is the responsibility of the Consortium member to ensure they document these matters in writing.

3. Submission

- a. A completed SIR Fund Vehicle Claim Form and required documentation shall be submitted to Miguel Lefebre and DJ Gonzalez via email in one pdf file⁴ within 90 days of the accident date.
- b. When submitting a reimbursement request, the following information is required to be included in the Email Subject Line:
 - i. Name of Agency
 - ii. SIR Claim Form
 - iii. Date of Accident: Month/Day/Year
 - iv. Claim Amount.
- c. It is our goal to review, process, and submit all SIR reimbursement requests to CTDOT as soon as possible. Therefore, members should make sure that their claim forms and required documentation are submitted timely, completely, and accurately. Any reimbursement request that is incomplete, inaccurate, and does not adhere to procedures, and if required documentation is not submitted in the proper order, it shall be returned to the member. This may cause a delay and/or denial from receiving a reimbursement in a timely manner.

⁴ Please refer to Page 1 of this Manual for contact information

NATIONAL INSURER'S AUDIT BUREAU

Workfile ID: d359a09c

1170 Rt. 22 East
BRIDGEWATER, NJ 08807
Phone: (908) 526-5900, FAX:(908) 526-5182
nlabdelms@gmail.com

For:

Preliminary Estimate

Owner: Agency Name

Job Number:

Written By:

Insured:

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair:

Point of Impact:

Owners:

Inspection Location:

Repair Facility:

CT

VEHICLE

Agency Vehicle Information

2017 FORD E-450

VIN:

Production Date:

Interior Color:

License:

Odometer:

Exterior Color:

State:

Condition:

8/31/2018 11:33:44 AM

Estimate should be dated after accident date
and before repairs are made



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NATIONAL INSURERS AUDIT BUREAU INC.

1170 Route 22 East • Bridgewater, NJ 08807 • Phone: 800-521-7703 • Fax: 800-521-7704
Internet Address: www.elaimsaudit.com E-Mail: dgray@elaimsaudit.com



FEDERAL TAX ID #22-3097979

DATE: Should be after dates of requested estimates and before repairs
TIME:

NIAB FILE # CCT CTG

FROM/TO COMPANY:

SENDER: Person submitting the claim

Agency Name

TEL#: Contact Information

OFFICE: Agency Address

FAX#:

THIS COVER SHEET IS PAGE 1 OF

E-MAIL ADDRESS: Contact person email

INSURED'S NAME Agency Name

BODY SHOP #

CLAIMANT'S NAME Agency Name

- AGREED FIGURE REQUESTED
REVIEW ESTIMATE ONLY
PROPERTY REVIEW
SUBROGATION REVIEW
PLEASE E-MAIL AUDIT
PHOTOS REQUESTED

CLAIM NUMBER

VIN NUMBER

YEAR: Vehicle info

MAKE: Vehicle info

MODEL: Vehicle info

BODY STYLE: Vehicle info

TYPE OF LOSS: COLL COMP LIAB

DATE OF LOSS: Date of accident

UPLOAD ID#

Circle type of Loss

REMARKS:

DO NOT WRITE BELOW THIS LINE: FOR NIAB USE ONLY

APPROXIMATE DAYS TO REPAIR

APPRAISAL FAXED TO SHOP YES NO

ORIGINAL ESTIMATE :\$

REVISED ESTIMATE :\$

BETTERMENT :\$

NET LOSS :\$

AGREED FIGURE OF \$ WITH

ON Date after estimates and before repairs AT

REMARKS:

SERVICE FEE: 55.00 This stamp is required
PAYMENT DUE UPON RECEIPT

BILLING #

CONNECTICUT STATEWIDE
INSURANCE CONSORTIUM

SELF-INSURED RESERVE (SIR) FUND
VEHICLE CLAIM FORM

Complete sections 1 and 2 of form and submit all required documentation to Miguel Lefebre and DJ Gonzalez @ MLefebre@ghtd.org
telephone no. (860) 247-5329 X3008 and DJGonzalez@ghtd.org

Section 1 - Agency/Vehicle Incident Information

Agency	Agency Name	(Signature)	Contact person signature
Contact Name (Print)	Person submitting claim	Phone No.	Contact person phone #
E-mail	Contact person email	Vehicle Make	Agency vehicle information
Name (Driver Involved)	Driver involved in accident	Vehicle Model	Agency vehicle information
Vehicle Incident (Date)	Date of Accident	VIN	Agency vehicle information
Vehicle Repairs Completed (Date)	Date - vehicle is ready for Service	Vehicle Mileage	Vehicle Year
Vehicle Returned to Service (Date)	Date - vehicle was put into service	Claim Amount Being Submitted	\$ X,XXX.XX
SIR Claim Submitted by Agency (Date)	Date when claim was sent to GHTD		

Section 2 - Type of Claim: Physical Vehicle Damage Glass Repair Glass Replacement

Required Documentation	Date	Note: Pictures of the damages are required and should be taken in color. If no pictures available, an explanation in writing is required	
<input type="checkbox"/> Police Accident Report <small>If no police report, an explanation in writing is required</small>	Same day of Accident	Note: All estimates are to be dated after accident and before vehicle repairs, including NIAB estimate.	
<input type="checkbox"/> Operator's Report	Same day of Accident		
<input type="checkbox"/> Supervisory Report	Same day of Accident		
<input type="checkbox"/> Pictures of Damages in color	Same day of Accident	Vendor Name	Amount
<input type="checkbox"/> Original Estimate No. 1	Date of Estimate	Name of company providing the estimate	\$ X,XXX.XX
<input type="checkbox"/> Original Estimate No. 2	Date of Estimate	Name of company providing the estimate	\$ X,XXX.XX
<input type="checkbox"/> National Insurers Audit Bureau Estimate	Date of Estimate	Note: Agency should provide at least 2 estimates to NIAB when requesting estimates review.	\$ X,XXX.XX
<input type="checkbox"/> National Insurers Audit Bureau Fee			\$
<input type="checkbox"/> Vendor Bill/Agency Maint. Dept. Work Order	Invoice Date	Name of company who repaired the vehicle	\$ X,XXX.XX
<input type="checkbox"/> Other Cost			\$

Section 3 - To Be Completed By Greater Hartford Transit District

SIR Fund Vehicle Claim Received (Date)			
Elapsed Time (Days)			
Time Reviewing SIR Fund Vehicle Claim (Hours)			
Invoice Month/Year		Claim Amount Being Requested	\$
Reviewed (Date)			
Reviewed By (Print)		(Signature)	