## ARROWHEAD VILLAS MUTUAL SERVICE COMPANY (AVMSC)

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Lake Arrowhead, CA 92352
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## Form For Liability Claims Against AVMSC CF-2023 Please: Sign and date claim form. Once completed please deliver or email to AVMSC office at the address MIDDLE 1. <u>NAME:</u> LAST FIRST HOMEADDRESS/P.O. BOX CONTACT PHONE NUMBER E-MAIL ADDRESS CITY STATE ZIP CODE 2. DATE OF INCIDENT: TIME OF INCIDENT: MA ☐ PM 3. STATE THE EXACT LOCATION OF THE INCIDENT CROSS STREET 4. EXPLAIN HOW THE INJURY OR DAMAGE OCCURRED 5. WHAT DO YOU CLAIM ARROWHEAD VILLAS MUTUAL SERVICE COMPANY DID TO CAUSE THE DAMAGE? 6. WHAT INJURY OR DAMAGE ARE YOU CLAIMING HAPPENED? 7. WHAT IS THE DOLLAR AMOUNT OF YOUR CLAIM FOR DAMAGES? (SUBMIT TWO ESTIMATES OR PAID RECEIPTS) \$ \_ 8. INSURANCE INFORMATION IS REQUIRED NAME OF INSURER POLICY NUMBER HAVE YOU SUBMITTED A CLAIM TO YOUR INSURANCE COMPANY? YES □ NO IF YES WERE YOU PAID? FOR WHAT AMOUNT? \$ \_\_ 9. ARE YOU THE REGISTERED OWNER? NO ☐ YES MAKE OF VEHICLE MODEL COLOR YEAR VEHICLE LICENCE NUMBER 10. NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL WITNESSES (IF ANY): 11. ATTACH ANYTHING ELSE THAT WILL HELP TO EXPLAIN YOUR CLAIM (PHOTOGRAPHS, SKETCHES, ETC. I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE FOREGOING FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. 12. SIGNATURE OF CLAIMANT DATE