



If you desire to file a complaint or a claim with CRH AMAT New England Group, the following information is required in order for your complaint/claim to be investigated and processed. This information is to be returned to: Kat Lopez Safety Assistant Tilcon CT, 642 Black Rock Ave New Britain, CT 06052. You may also email it to katherin.lopez@tilcon-inc.com or call 860-224-6114

Please Type or Print

Date of Incident: _____ Day of the Week: _____ Time of Incident: _____ a.m/p.m

Name: _____ Street Address _____

City: _____ State: _____ Zip: _____ Telephone: _____

Business #: _____ Fax#: _____ Email Address: _____

Vehicle Year: _____ Make: _____ Model: _____

Identify the specific location of the incident (city, street, road, exit, including directions of travel of all involved vehicles): _____

Describe in detail the events resulting in the complaint/claim:

Describe specific damage and/or injury: _____

Who/What caused the accident? _____

Identify passengers/witnesses: _____

If a CRH AMAT vehicle, please identify with a description, type, color, etc. _____

Vehicle Number: _____ Vehicle Plate #: _____

What was the vehicle doing? _____

Signature _____

Date _____



Draw a sketch of the Incident Scene below, include as much detail as possible. Attach any available pictures of damage to this form.

Reimbursement Amount Requested: _____

Please note that the receipt of this claim form does not imply that CRH AMAT accepted liability for your claim. CRH AMAT will thoroughly investigate every claim that the company receives, and issue a response to the claimant in a timely manner.