

# AUTOMOBILE LOSS NOTICE

STATE OF ALABAMA  
FINANCE DEPARTMENT  
DIVISION OF RISK MANAGEMENT  
P.O. Box 1390, Montgomery, AL 36102-1390  
(334) 223-6120, Email: dorm.claims@finance.alabama.gov

**\*REQUIRED FIELD**

AGY-DIV \_\_\_\_\_

**WE MUST HAVE AN ACCURATE VIN AND TAG NUMBER TO VERIFY  
COVERAGE FOR STATE OWNED VEHICLES. PLEASE SECURE ALL  
REQUIRED INFORMATION BEFORE COMPLETING THIS FORM.**

CLAIM NO. \_\_\_\_\_

## COVERED DRIVER:

**DEPARTMENT\*** \_\_\_\_\_ **DIVISION\*** \_\_\_\_\_  
**DRIVER'S NAME\*** \_\_\_\_\_  
**DRIVER'S ADDRESS \*** \_\_\_\_\_  
**DRIVER'S WORK PHONE\*** \_\_\_\_\_ **DRIVER'S CELL PHONE\*** \_\_\_\_\_  
**DRIVER'S LICENSE NO\*** \_\_\_\_\_ **JOB TITLE** \_\_\_\_\_  
**SPECIFIC DUTY BEING PERFORMED\*** \_\_\_\_\_

OTHER AUTO INSURANCE? COMPANY \_\_\_\_\_ POLICY NO \_\_\_\_\_ PHONE \_\_\_\_\_

## ACCIDENT INFORMATION:

**DATE OF ACCIDENT\*** \_\_\_\_\_ **TIME** \_\_\_\_\_ **LOCATION\*** \_\_\_\_\_  
\_\_\_\_\_  
**DESCRIBE ACCIDENT\*** \_\_\_\_\_ **GIVE CITY, STREET, HIGHWAY, COUNTY \*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVERED VEHICLE:

OWNED BY: STATE \_\_\_\_\_ OTHER \_\_\_\_\_ IF OTHER, SPECIFY \_\_\_\_\_  
**17 DIGIT VIN\*** \_\_\_\_\_ **MAKE\*** \_\_\_\_\_ **MODEL\*** \_\_\_\_\_ **YEAR\*** \_\_\_\_\_  
BODY TYPE \_\_\_\_\_ **TAG NO\*** \_\_\_\_\_ ESTIMATED AMOUNT OF DAMAGE \_\_\_\_\_  
DESCRIBE AREA DAMAGED ON VEHICLE \_\_\_\_\_  
\_\_\_\_\_

## DAMAGE TO OTHER PROPERTY:

DESCRIBE NATURE OF DAMAGE \_\_\_\_\_  
DESCRIBE VEHICLE \_\_\_\_\_ \$ \_\_\_\_\_  
MAKE MODEL YEAR BODY TYPE ESTIMATED AMOUNT OF DAMAGE

## OTHER DRIVER:

NAME \_\_\_\_\_ PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
WAS DRIVER OR PASSENGER INJURED? \_\_\_\_\_ DESCRIBE \_\_\_\_\_  
\_\_\_\_\_  
NAME OF DOCTOR OR HOSPITAL \_\_\_\_\_  
OTHER DRIVER'S INSURANCE? COMPANY \_\_\_\_\_ POLICY NO. \_\_\_\_\_ PHONE \_\_\_\_\_

(COMPLETE REVERSE SIDE)

**OCCUPANTS:**

PLEASE LIST NAMES OF ALL OCCUPANTS IN ALL VEHICLES INVOLVED IN ACCIDENT:

INSURED VEHICLE

INJURED?

OTHER VEHICLE(S)

INJURED?

\_\_\_\_\_

Yes No

\_\_\_\_\_

Yes No

\_\_\_\_\_

Yes No

\_\_\_\_\_

Yes No

\_\_\_\_\_

Yes No

\_\_\_\_\_

Yes No

\_\_\_\_\_

Yes No

\_\_\_\_\_

Yes No

**DIAGRAM OF ACCIDENT:**

CAR A COVERED DRIVER  
CAR B OTHER DRIVER

**WITNESS INFORMATION:**

NAME	ADDRESS	TELEPHONE

**POLICE INFORMATION:**

**NAME OF POLICE DEPARTMENT\*** \_\_\_\_\_ **CASE NO.** \_\_\_\_\_

CITATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_ WHO \_\_\_\_\_

WHAT \_\_\_\_\_

**PREVENTION/REMARKS:**

WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FLEET COORDINATOR'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE \_\_\_\_\_