

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* _____
GIVE CITY, STREET, HIGHWAY, COUNTY *
DESCRIBE ACCIDENT* _____

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

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 _____