

AUTOMOBILE LOSS NOTICE

STATE OF ALABAMA
FINANCE DEPARTMENT
DIVISION OF RISK MANAGEMENT
P.O. Box 1390, 36102-1390
Montgomery, Alabama
(334) 223-6120, FAX 223-6282

AGY-DIV _____

CLAIM NO. _____

COVERED DRIVER:

DEPARTMENT _____ DIVISION _____
DRIVER'S NAME _____
DRIVER'S ADDRESS AND 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 _____
VEHICLE ID NO _____ 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 _____

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 #1 COVERED DRIVER

CAR #2 OTHER DRIVER

WITNESS INFORMATION:

NAME

ADDRESS

TELEPHONE

POLICE INFORMATION:

POLICE DEPARTMENT NAME _____ 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 _____