AUTO NOTICE OF LOSS FORM

Important: Insurable Auto losses must be reported on this form within 48 hours of discovery of the loss by the insured agency. Please EMAIL to: Risk.Management@doas.ga.gov or FAX to: 404-657-1188

Please provide the following information:

Date of loss: _______ Time of loss: _____ am/pm Loss Location: _____________

Your Agency: ___________________ Department: __________________________

Agency Ref. #: ___________________ Agency Contact: _______________________

Contact Phone Number:_________________________________________________

About Insured Vehicle: Year: _____ Make: ___________ Model: ___________

VIN# ____________________________ DOAS ID#: _________________________

Cause of Loss (Insured Peril): ____________________________________________

Type of Damages: ______________________________________________________

Loss Description (Required):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
(If more space is needed please attach a second page.)

Loss control measures taken to reduce/prevent future losses:
____________________________________________________________________
____________________________________________________________________

Estimated Loss Amount: ______________________

Is this vehicle enrolled in the ARI program? Yes ____ or No ____

____________________________________________________________________

Agency Insurance Coordinator Date

____________________________________________________________________

Phone Number Fax Number