



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