

Commonwealth of Virginia
 Department Of General Services Division of Risk Management
AUTOMOBILE LOSS NOTICE

Advise Supervisor/Department
 and send to U.Va. Risk Management
 Fax: (804)982-2635

DATE REPORTED []	POLICY/PLAN 47-000235	DATE AND TIME OF LOSS []	AM PM	DRM USE ONLY
NAME AND ADDRESS OF DEPARTMENT AT UNIVERSITY OF VIRGINIA []		AGENCY 207	ADJUSTER	CLAIM NUMBER []
		AGENCY PHONE AND FAX [] []		AGENCY CONTACT []
LOCATION OF ACCIDENT (STREET, CITY, COUNTY, STATE) []			POLICE NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTMENT []
ACCIDENT DESCRIPTION []			OFFICER []	OFFICER PHONE []
			CHARGES, VIOLATIONS []	

STATE INFORMATION

INSURED VEHICLE (YEAR, MAKE, MODEL) []	VIN []	PLATE NUMBER []
OWNERS NAME AND ADDRESS []	<input type="checkbox"/> AGENCY OWNED	<input type="checkbox"/> LEASED TO AGENCY
	<input type="checkbox"/> EMPLOYEE VEH	<input type="checkbox"/> RENTED VEH
DRIVERS NAME, ADDRESS, AND DATE OF BIRTH []	USED WITH PERMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO	SEATBELT <input type="checkbox"/> YES <input type="checkbox"/> NO
	DRIVERS SSN []	RELATION TO INSURED []
INSURED VEH LOCATION (IF: NOT DRIVABLE) []	DAMAGE []	ESTIMATE AMOUNT []

CLAIMANT INFORMATION

PROPERTY DAMAGE (IF AUTO: YEAR, MAKE, MODEL) []	PLATE NUMBER []	INSURANCE CO. AND POLICY NO. []
DRIVERS NAME AND ADDRESS []	RESIDENCE PHONE []	BUSINESS PHONE []
	[]	
OWNER'S NAME AND ADDRESS []	RESIDENCE PHONE []	BUSINESS PHONE []
	[]	
DAMAGE []	DRIVABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	ESTIMATE AMOUNT []
VEH LOCATION (IF NON DRIVABLE) []		
INJURED NAME, ADDRESS AND SSN []	PHONE []	INJURY []
	DOCTOR/I HOSPITAL []	
WITNESSES NAME AND ADDRESS []		PHONE []
REMARKS []		
REPORTED BY []	SIGNATURE []	PHONE []