

AUTOMOBILE LOSS NOTICE

TODAYS DATE (MM/DD/YY)

Golden State Risk Management Authority
243-247 West Sycamore Street
Post Office Box 706
Willows, California 95988

Submit form to:

Propertyclaims@gsrma.org

Fax: (530) 934-8133

Phone: (530) 934-5633

DATE OF LOSS (mm/dd/yy)

TIME OF LOSS

AM

PM

MEMBER AGENCY, DEPARTMENT & LOCATION:

MEMBER NAME & DEPARTMENT:

CONTACT INFORMATION:

LOSS

LOCATION OF ACCIDENT

POLICE OR FIRE DEPARTMENT TO WHICH REPORTED

CITATIONS/VIOLATIONS

REPORT #

DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)

INSURED VEHICLE

Vehicle Make

Model

Year

VIN#

Drivers Name/Address:

Date of Birth

Drivers License #

Describe Damage

Estimated Damage Amount

Where & When Can Vehicle Be Seen?

PROPERTY DAMAGED (Use reverse side, if necessary)

Describe Property

Owner's Name and Address

Other Driver's Name and Address

Describe Damage

INJURED (Use reverse side, if necessary)

Names and Addresses

Extent of Injury

Phone

Age of Injured

WITNESSES OR PASSENGERS (Use reverse side, if necessary)

Names and Addresses

Other (please specify)

Phone

Name of person completing form:

Date

Auto Loss Notice

1. Use this form when any District vehicle covered under your policy has been damaged (i.e. collision, broken window, scratches, dents or dings, etc.).
2. This form should be completed by the employee involved in the incident or a District representative.
3. Include as much information as possible when reporting the loss and take photos of the damage, if possible.
4. Upon completion, keep original documents in District files and forward a copy to GSRMA at: propertyclaims@gsrma.org or (530) 934-8133 (fax).