STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION

AUTOMOBILE LOSS NOTICE

Print Reset

RISK MANAGEMENT SECTION
OFFICE OF ADMINISTRATION
P.O. BOX 809
JEFFERSON CITY, MISSOURI 65102
TELEPHONE NUMBER (573) 751-4044
FAX NUMBER (573) 751-7819

This form **must be completed** for the Risk Management office to start a file. Please complete and **fax or mail** this form to Risk Management within 24-48 hours of the accident. **PLEASE PRINT CLEARLY OR TYPE.**

REMARKS

FOR OFFICE USE ONLY

REPORTING AGENCY

STATE DEPARTMENT

ADDRESS

CITY | STATE | ZIP CODE

SAM II AGENCY NUMBER | SAM II ORG NUMBER

PERSON TO CONTACT FOR QUESTIONS REGARDING THIS CLAIM

NAME _____

CONTACT'S BUSINESS PHONE (A/C, NO., EXT.) _____

AGENCY PHONE (A/C, NUMBER) _____

ACCIDENT INFORMATION

LOCATION OF ACCIDENT (INCLUDING CITY & STATE) | POLICE CONTACTED (Y/N) AND REPORT NO. | VIOLATIONS/CITATIONS

DATE (MM/DD/YY) & TIME OF LOSS

☐ A.M. ☐ P.M.

PREVIOUSLY REPORTED ☐ YES ☐ NO

DESCRIPTION OF ACCIDENT (USE REVERSE SIDE, IF NECESSARY) **THIS IS REQUIRED.**

STATE VEHICLE INFORMATION

YEAR | MAKE | MODEL | V.I.N. (VEHICLE IDENTIFICATION) | PLATE NUMBER

OWNER'S NAME AND ADDRESS | PHONE (A/C, NO., EXT.)

DRIVER'S NAME AND ADDRESS **(CHECK IF STATE EMPLOYEE)** ☐ | DRIVER'S SOCIAL SECURITY # **REQUIRED** | BUSINESS PHONE (A/C, NO., EXT.)

RELATION TO INSURED (EMPLOYEE, FAMILY, ETC.) | DATE OF BIRTH | PURPOSE OF USE | DID THE ACCIDENT OCCUR IN A LOCATION ALONG A ROUTE CONSISTENT WITH THIS PURPOSE? ☐ YES ☐ NO | USED WITH PERMISSION ☐ YES ☐ NO

DESCRIBE DAMAGE | ESTIMATE AMOUNT $ | WHERE CAN VEHICLE BE SEEN | OTHER INSURANCE ON VEHICLE ☐ YES ☐ NO

OTHER VEHICLE INVOLVED OR PROPERTY DAMAGED IN ACCIDENT

DESCRIBE PROPERTY (IF AUTO, YEAR, MAKE, MODEL, PLATE NO.) | OTHER VEH. OR PROP. INSURED ☐ YES ☐ NO | COMPANY OR AGENCY NAME AND POLICY NUMBER

OWNER'S NAME AND ADDRESS | BUSINESS PHONE (A/C, NO., EXT.) | RESIDENCE PHONE (A/C, NO.)

OTHER DRIVER'S NAME AND ADDRESS (CHECK IF SAME AS OWNER) ☐ | BUSINESS PHONE (A/C, NO., EXT.) | RESIDENCE PHONE (A/C, NO.)

DESCRIBE DAMAGE | ESTIMATE AMOUNT $ | WHERE CAN DAMAGE BE SEEN

INJURED

NAME AND ADDRESS	PHONE (A/C, NO.)	PED	INS. VEH.	OTHER VEH.	AGE	EXTENT OF INJURY
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

WITNESSES OR PASSENGERS

NAME AND ADDRESS	PHONE (A/C, NO.)	INS. VEH.	OTHER VEH.	OTHER (SPECIFY)
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

FORM COMPLETED BY **(PLEASE PRINT)** | SIGNATURE