Automobile Claims Procedure

Report claims to: Office of the Controller
Attention: Risk Management
Gloster Hall
Room 213
830 Westview Drive, SW
Atlanta, GA 30314

Please have the following available when you file the report of the accident:

- **Date, time and location of loss**
- **Investigation authorities and police report number**
- **Accident description**
- **Type of Loss (single vehicle accident, vandalism, etc.)**
- **Name, address, and telephone number for insured contact person**
- **Insured vehicle information:**
  - Vehicle type (owned, leased, company car, etc.)
  - Vehicle year, make and model
  - VIN and tag number
  - Owner information (Name, address, and telephone number)
  - Description of damage
  - Estimate of damage
  - When and where vehicle can be viewed
  - Other insurance on vehicle: (Insurance company name and policy number)
  - If vehicle is at a repair facility the name, address and telephone number of the facility
- **Insured driver’s name, address, and telephone number**
- **Relation to Insured (employee, child, spouse, etc.)**
- **Any injuries**
  - Description
  - Was medical treatment necessary? Name of treatment facility
- **Adverse vehicle information**
  - Vehicle year, make and model
  - Driver’s name, addresses, and telephone number
  - Description and severity of injury
  - Vehicle owner’s name, address, and telephone number
  - Description of vehicle damage
  - Current vehicle location
  - When and where vehicle can be viewed
  - Insurance on vehicle: (Carrier name and policy number)
- **Property damage information**
  - Property description
• Owner information - name, addresses, and telephone number
• Damage description and estimate
• When and where property can be viewed
• Insurance on property: (Carrier name and policy number)

• Passenger information
  • Which vehicle was passenger in
  • Passenger name, addresses, telephone number, age and gender
  • Type of injury

• Witness Information
  • Name, addresses, and telephone number