

**State of Georgia
Department of Administrative Services
Risk Management Services**

NOTICE OF LOSS FORM

IMPORTANT: INSURABLE PROPERTY LOSSES MUST BE REPORTED ON THIS FORM WITHIN 48 HOURS OF DISCOVERY OF THE LOSS BY THE INSURED AGENCY.

Fax this form to: 478-992-6363

PROVIDE THE FOLLOWING INFORMATION:

TYPE OF LOSS: () Building/Contents () All Risk () Vehicle Damage

Date of loss: _____ **Time of loss:** _____ AM/PM

Loss location: _____ **COUNTY** _____

Your Agency: _____ **Department:** _____

Your Agency Ref. #: _____ **Agency Contact & Phone Number:** _____

About Insured Vehicle: Year: _____ **Make:** _____ **Model:** _____

Vehicle Identification number (VIN): _____ **DOAS ID#:** _____

Cause of Loss (Insured Peril): _____

Type of Damages: _____

Loss Description (REQUIRED): _____

IF MORE SPACE IS NEEDED ATTACH A 2ND PAGE)

LOSS CONTROL MEASURES TAKEN TO REDUCE/PREVENT FUTURE LOSSES: _____

ESTIMATED LOSS AMOUNT: _____

- An acknowledgement letter will be sent to the risk manager with the assigned DOAS claim number that must be included on the Sworn Proof of Loss form and any other claim related correspondence

The DOAS retains the right to assign an outside adjuster to investigate the loss on its behalf. The Sworn Proof of Loss Form with DOAS claim number, copies of original invoices for property, bills for material and labor and evidence of payment (check or approved purchase order) for replaced or repaired items must be provided to finalize a claim within 120 days. The required documents substantiate reimbursement of damages for a claim. The DOAS will process the claim and send a reimbursement check for all perils covered under the policy.

AGENCY INSURANCE COORDINATOR

DATE

PHONE NUMBER

FAX NUMBER

Retention Schedule: Upon completion, this form shall become part of the Purchase Order package and retained for five (5) years. It shall then be destroyed.