

ACCG-IRMA PROPERTY AND LIABILITY CLAIM REPORTING FORM

EMAIL TO: cpye@accg.org ---OR---

FAX TO: (678) 225-4240 or (888) 221-4079

NOTE: Please call the ACCG Claim Office (404.614.2553 or 877.421.6298 Toll Free) in the event of a serious accident. Attach any police reports, incident reports, estimates or receipts when available.

IRMA Member:		County Dept:			
County Contact:		Telephone:			
Date of Accident or Occurrence:		Time of Day:		AM	PM
Location of Occurrence:					
Description of Occurrence:					
INJURIES					
<u>NAME/ADDRESS</u>	<u>INJURY DESCRIPTION</u>	<u>CO EMPLOYEE?</u>			
			Yes		No
			Yes		No
(Please use comments section if additional space is required.)					
PROPERTY DAMAGE					
<u>COUNTY PROPERTY</u>					
Describe property (including serial number on vehicle):					
Where is property currently located?					
Extent of damage:					
<u>PROPERTY OF OTHERS</u>					
Owner's name and address:					
Owner's telephone:					

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CLAIM REPORTING FORM**

Describe property:	
Where is property currently located?	
Extent of damage:	
Comments or additional information:	