



Agency Property/APD Loss Notice

Agency name _____ **Claim number** _____
 Agency # _____
 Phone # _____ Email _____
 Address _____
 Street _____ City _____ State _____ Zip _____
 Incident date _____ Time _____ a.m. p.m. County _____

PROPERTY

Building – (complete if loss involves an insured structure):	SRM location # _____
Building name _____ Building address _____	
City _____ State _____ County _____	
Were building contents damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide separate list of damaged contents with amount(s).	

AUTO PHYSICAL DAMAGE

Vehicle – (complete if loss involves a vehicle with APD coverage):
Tag number _____ Year _____ Make _____
Model _____ Vin # _____
Was any equipment damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide separate list of damaged equipment with amount(s).

Describe how the damage occurred:

Estimated amount of loss: \$ _____
 Reported to: Fire Department Police Other: _____
 Person to contact about inspecting the loss _____
 Name _____ Phone # _____
 Form completed by _____ Date _____
 Signature _____ Phone _____

Return to: RISK MANAGEMENT, P. O. BOX 53364, OKLAHOMA CITY, OK 73152-3364
FAX: 405-522-4442 EMAIL: SRM.Claims@omes.ok.gov
Contact Phone 405-521-4999