



Agency Property/APD Loss Notice

Agency Name: _____ Claim Number: _____
 Agency #: _____
 Phone #: _____ E-Mail: _____
 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 _____	
Was 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 (APD)

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