

# ACCG-IRMA PROPERTY AND LIABILITY CLAIM REPORTING FORM

EMAIL TO: [ldjomeni@accg.org](mailto:ldjomeni@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:					
<b>INJURIES</b>					
<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.)					
<b>PROPERTY DAMAGE</b>					
<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:					

**ACCG-IRMA PROPERTY AND LIABILITY  
CLAIM REPORTING FORM**

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