



TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

Auto Physical Damage Loss Notice

MEMBER Name and Mailing Address	DATE of Incident
	CONTACT Person(s) and Phone Number
	Claim Number:
	Deductible:

Incident Description:	Department:

Veh: Year Make Model	Full Vehicle Identification Number (17 digits)

Describe Damage	Drivable?	Estimate:	Where is Vehicle Located?

Notes / Others Involved:
Outside Adjusting Firm:

TAC Adjuster Assigned: Gloria Bryfogle
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P.O. Box 2131 Austin, Texas 78768
512-478-8753 / 800-456-5974 / (512) 478-1426 fax

claims-cs@county.org
gloriab@county.org