



TEXAS ASSOCIATION of COUNTIES
RISK MANAGEMENT POOL

Gene Terry, Executive Director
 P.O. Box 2131 Austin, Texas 78768

claims-cs@county.org
 1-800-456-5974 / 512-478-8753 / 512-478-1426 fax

Automobile Physical Damage & Auto Liability Loss Report

Entity No.: 1160 MEMBER: Hunt County Address: P O Box 1097 City/State/Zip: Greenville, TX 75403	DATE OF INCIDENT:
	Date REPORTED:
	CONTACT Name: Sandy Orange
	Contact PHONE NO.: 903-408-4103
	EMAIL: SORANGE@HUNTCOUNTY.NET

Description of Incident:

MEMBER Vehicle Description: (Year; Make; Model;)	Vehicle Identification Number (VIN full 17-digits)
Describe Damage:	
Where is Vehicle Located?	Drivable?
	Estimates?

Member Driver:	Department:
Contact Info:	Contact Info:

CLAIMANT or OTHER INVOLVED	PHONE / CONTACT INFO:
ADDRESS:	
CITY/STATE/ZIP	
CLAIMANT VEHICLE OR OTHER PROPERTY: (Year; Make; Model; Damage; etc.)	
Other Information:	

For TAC CLAIMS DEPARTMENT USE		Claim Number
Date:	COVERAGE	UM/UIM
Reported By:	Effective:	PIP
Reported To:	Deductible:	APD