



CLAIM FORM
ACCA LIABILITY SELF-INSURANCE FUND, INC. -
PROPERTY PROGRAM



EMAIL: propertyclaims@countyrisk.org

USE THIS FORM FOR FIRST PARTY PROPERTY/AUTO INCIDENTS

Member/County: _____ Date Reported: _____

Person completing form: _____ Dept./Phone #: _____

Date and Time of Incident: _____

Type of Loss: First Party Auto First Party Property First Party Inland Marine Equipment

Cause of Loss: _____

Address/Location of Incident or Accident: _____

Please list multiple addresses below if applicable

***Any incident involving bodily injury should be reported to CRS, Inc. immediately
at 888-608-2009 or 334-394-3232***

Please complete the questions below and on the reverse side of this form to the best of your knowledge and provide any estimates or other documentation available upon reporting.

COUNTY VEHICLE (AUTO OR INLAND MARINE)
Driver:
Address:
Telephone:
Driver's License #:
Date of Birth:
Owner of Vehicle:
Make, Model & Year of Vehicle/Equipment:
Last 6 of VIN #:
Inland Marine Full Serial #:
Tag Number:

OTHER VEHICLE (IF ASSOCIATED LIABILITY CLAIM)
Driver:
Address:
Telephone:
Driver's License #:
Date of Birth:
Owner of Vehicle:
Make, Model & Year of Vehicle/Equipment:
Last 6 of VIN #:
Tag Number:

Additional Incident Addresses/Locations:

Description of Damage By Address/Location Listed Above:

COMPLETE THIS SECTION IF THERE WERE ANY BODILY INJURIES

IF ASSOCIATED LIABILITY CLAIM - INJURED:	
Name:	Phone:
Address:	
Injuries:	
Doctor or Hospital:	

Forward any related documents and/or information that may be helpful in resolving this incident to CRS, Inc.

Additional Comments:

WITNESSES:

1) Name:	2) Name:
Address:	Address:
Phone #:	Phone #:
3) Name:	4) Name:
Address:	Address:
Phone #:	Phone #:

Mail completed form to:
County Risk Services, Inc.
P.O. Box 589
Montgomery, AL 36101-0589
Or email to:
propertyclaims@countyrisk.org