



CLAIM FORM

ACCA LIABILITY SELF-INSURANCE FUND, INC.

EMAIL: liabilityclaims@countyrisk.org



USE THIS FORM FOR AUTOMOBILE LOSSES AND AUTO-RELATED INCIDENTS ONLY

Member/County: _____ Date Reported: _____

Person Completing Form/Dept./Phone #: _____

Date and Time of Accident: _____

Location of Accident: _____

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

OTHER VEHICLE

Driver: _____

Driver: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Driver's License #: _____

Driver's License #: _____

Date of Birth: _____

Date of Birth: _____

Owner of Vehicle: _____

Owner of Vehicle: _____

Make, Model & Year of Vehicle: _____

Make, Model & Year of Vehicle: _____

Last 6 of VIN #: _____

Last 6 of VIN #: _____

Tag Number: _____

Tag Number: _____

Description: _____

COMPLETE THIS SECTION IF THERE WERE ANY BODILY INJURIES

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: _____

Address: _____

Phone #: _____

2) Name: _____

Address: _____

Phone #: _____

3) Name: _____

Address: _____

Phone #: _____

4) Name: _____

Address: _____

Phone #: _____

Mail completed form to:
County Risk Services, Inc.
P.O. Box 589
Montgomery, AL 36101-0589

Or email to:
liabilityclaims@countyrisk.org