



Fire Department
Insurance Program

Property Loss Notice

Building and Vehicle

Claim Number: _____

Fire Department: _____ Customer #: _____

Phone #: _____ E-Mail: _____

Address: _____
Street City State Zip

Incident Date: _____ Time: _____ a.m. p.m. County: _____

PROPERTY

Building – (Complete if loss involves an insured structure): SRM Location #: _____

Building Name Building Address

City State County

Was building contents damaged: Yes No If yes, provide separate list of damaged contents with amount(s)

AUTO PHYSICAL DAMAGE (APD)

Vehicle – (Complete if loss involves a vehicle with APD coverage):

Tag Number Year: Make:

Model: Vin #:

Was any equipment damaged? Yes No If yes, provide separate list of damaged equipment with amount(s)

Describe how the damage occurred:

Estimated amount of loss: \$ _____

Reported to: Fire Department Police Other: _____

Person to contact about inspecting the loss: _____
Name Phone #

Form completed by: _____ Date: _____

Signature: _____ Phone _____

Return to: RISK MANAGEMENT, P. O. BOX 53364, OKLAHOMA CITY, OK 73152-3364
FAX: (405) 522-4442 EMAIL: fdip@omes.ok.gov
Contact Phone (405) 521-4999