

**ATBE AUTOMOBILE FUND
AUTOMOBILE PHYSICAL DAMAGE LOSS**

Instructions: An authorized employee of the ATBE Member (board of education) must use this one page form for the ATBE Member to assert a Loss for Automobile Physical Damage to a Covered Automobile as a result of an Incident. This Loss form must be signed. Give complete information and attach ALL documentation to prove the Loss, including the documents specified in this form. Attach additional pages if necessary in order to provide complete detail. PRINT or TYPE

Return this form and all documents to ATBE:

lhs@hestersellers.com

Member Board of Education _____ Driver _____

Date of Accident _____ Location of Accident _____

Covered Automobile for which Loss is Asserted

Year _____ Make _____ Model _____

VIN _____

Current Location of Covered Automobile _____

Is the vehicle a) owned by the Member board, b) financed, or c) leased? If leased or financed provide name of leasing company or lienholder. _____

Facts of Loss

Statement of Facts (*Expand on the Description of Incident provided with the ATBE Incident Report form and describe the facts surrounding the Incident and how the damage to the Covered Automobile occurred. If not previously provided attach a copy of the official police accident report and other documents that evidence and prove Loss.*)

Describe the Automobile Physical Damage to the Covered Automobile (*Provide photographs of damage and at least TWO estimates of the cost of repair or explanation as to why estimates are not provided.*)

If ATBE Member, employee, or Covered Party did not contribute to Incident, 1) what is the name and contact information of party responsible for Incident and contact information for that party's liability insurance or coverage provider, and 2) why is the Board not asserting a loss claim to that party or that party's liability insurance or coverage

I hereby affirm the information contained on this one page form and any attachments hereto to be complete, true, and accurate. I understand that failure to provide complete, true, and accurate information may be the basis for denial of coverage and that the language in this form is provided to accurately coordinate the Loss and in no way obligates ATBE to reimburse or compensate for any incurred or expected costs or charges arising from the subject Incident.

Signature of Authorized Employee of ATBE Member Board

Date

Printed Name of Authorized Employee

Job Position with ATBE Member Board