



Auto Claim Reporting Guide

The TASB Risk Management Fund (Fund) online system makes it easy to report auto claims. You can save even more time if you collect a handful of details about the incident before visiting tasbrmf.org:

- Use this resource only as an information-gathering tool.
- You must still **report the incident to the Fund**.
- The prompts below match what you will see when you report the incident.
- Required information is noted with an asterick (*).

Basic Information

Person reporting the claim:

- First Name* _____
- Last Name* _____
- Phone Number* _____
- Email* _____

Are you the primary contact in case we need more information about what happened? *

Tell us about what happened:

- When did it happen?* (Make your best estimate if you don't know exactly when the incident happened.) _____
- Report Date _____
- Time _____
- Describe what happened.* _____



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Did this event involve a vehicle accident? If so, complete the next section. Otherwise, leave it blank *

Accident location:

- Accident Street1 _____
- Accident Street2 _____
- Accident City _____
- Accident State _____
- Accident ZIP _____

Note: Any injuries sustained by employees of your district/organization during this incident must be reported on a separate form. Report that an employee was hurt on the job by completing the First Report of Injury form.

Additional Details

Please provide more details about any of your vehicles that were involved or damaged.

Our Vehicle Information

- Vehicle Make _____
- Vehicle Model _____
- Vehicle Year _____
- License Plate* _____
- VIN _____
- Description of damages _____

Did law enforcement investigate? If yes:

- Law enforcement agency name _____
- Case or report number _____

Do you want to file a claim for damages to this vehicle at this time?





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Please provide information about any damaged vehicles that are owned by others.

- Other's Vehicle Information
 - License Plate _____
- Driver Information
 - First Name* _____
 - Last Name* _____
 - Phone Number _____
 - Address _____
 - Address2 _____
 - City _____
 - State _____
 - ZIP _____

Was this driver injured?

Please describe the nature of the injury.

Please provide information about any passengers or pedestrians that were injured.

- Injured Person Information
 - First Name* _____
 - Last Name* _____
 - Phone Number _____
 - Address _____
 - Address2 _____
 - City _____
 - State _____
 - ZIP _____

Claim File Documentation

Please collect any relevant documentation, such as videos, photos, passenger lists, police reports, damage estimates, medical, or legal notices.

