

AUTO LIABILITY TRANSMITTAL SHEET
(For use with claims already reported - do not use to submit new claim)

TO: RISK MANAGEMENT/AUTO LIABILITY, 801 S. 7th St., 6th Fl. Annex, Springfield, IL 62703

FROM:

DATE:

RE: **ADDITIONAL INFORMATION ON CLAIM PREVIOUSLY SUBMITTED**

STATE DRIVERS NAME:

AGCY/DIV:

SSN:

DEPT FILE NO:

ACCIDENT DATE:

OWNER/DRIVER NAME:

ATTACHMENTS:

Memo - State employee-----	Yes___ No___
Memo - Investigating officer-----	Yes___ No___
Police Report-----	Yes___ No___-Ordered___
Witness statements-----	Yes___ No___
Estimates from claimant-----	Yes___ No___
Estimates - state vehicle-----	Yes___ No___
Other - please specify -----	Yes___ No___

COMMENTS/MISC INFORMATION:

STATE VEHICLE DAMAGE RECOVERY:

AMOUNT EXPECTED:

AMOUNT RECOVERED:

OTHER COMMENTS:

Daytime phone where the state driver may be reached: _____

For other agency assistance contact: _____ Phone: _____