

**Warning:** This card is not to be used for the registration of a privately owned vehicle. Any person using this card for such a purpose may be subject to criminal prosecution.



## State of Georgia Government Vehicle Georgia Liability Insurance Identification Card

Insurer: State of Georgia DOAS/RMS Self Insurance Program  
Policy Numbers: TCP – 401 – 14 – 18 / CGL – 401 – 14 – 18  
Coverage: July 1, 2017 – June 30, 2018  
Insured: State of Georgia Government or State employees while operating a vehicle within the scope and course of employment.

Card Issued by DOAS Risk Management Services – Fleet

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### KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION

If you are in an accident, be sure to get the following information before leaving the area:

- 1) Date, Time, Place;
- 2) Your Vehicle – year, make, model, tag;
- 3) Describe Accident. Include:
  - Direction each vehicle was traveling, weather conditions
  - Details of accident.
- 4) For all individuals include: name, address, employer, home and work phone numbers. Describe injuries claimed and observed; ID hospital, if applicable;
  - Insured (State Employee) driver
  - Your passengers
  - Other driver
  - His/ her passengers
  - Witnesses
- 5) Other vehicle(s): year, make, model, tag, insurance co. and policy #
- 6) Police: agency, officer, citations issued (?), to whom?

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# WHAT TO DO IN CASE OF AN ACCIDENT

1. Notify Public Safety or Police Officials from the scene of the accident. Make sure you get a report number and other pertinent information
2. Contact KSU Risk Management to notify of accident IMMEDIATELY –
  - Telephone: (470) 578-2599
  - Email: [riskmanagement@kennesaw.edu](mailto:riskmanagement@kennesaw.edu)
  - ***Do not call DOAS directly, unless it is after hours or on the weekend.*** KSU Risk Management will notify DOAS.
3. ***If the accident occurs after hours or on a weekend*** and you are not able to reach KSU Risk Management, please call DOAS *NetClaim* service at 1-877-656-7475.
  - Write down the *NetClaim* report number and notify KSU Risk Management of this number with your report within 24 hours of the accident.
4. Fill out appropriate forms available at [risk.kennesaw.edu](http://risk.kennesaw.edu):
  - Driver Notification Form
  - Supervisor's Accident Follow up Checklist
  - Liability Incident Report Form
  - SR-13 Personal Report of Accident
5. Completed forms should be returned to KSU Risk Management within 24 hours. Email [riskmanagement@kennesaw.edu](mailto:riskmanagement@kennesaw.edu) or fax (470) 578-9325

Kennesaw State University  
Office of Enterprise Risk Management  
Telephone: (470) 578-2599  
Digital Fax: (470) 578-9325  
Email: [riskmanagement@kennesaw.edu](mailto:riskmanagement@kennesaw.edu)

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