



## AUTOMOBILE LOSS NOTICE

### INSURED

NAME & ADDRESS	INSURED'S RESIDENCE PHONE	INSURED'S BUSINESS PHONE
	PERSON TO CONTACT	WHERE AND WHEN TO CONTACT
	CONTACT'S RESIDENCE PHONE	CONTACT'S BUSINESS PHONE

### LOSS

LOCATION OF ACCIDENT (INCLUDE CITY & STATE)	AUTHORITY CONTACTED & REPORT NO.	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT		

### POLICY INFORMATION

BODILY INJURY	PROPERTY DAMAGE	SINGLE LIMIT	MED. PAY	OTC DED.	OTHER COVERAGE & DEDUCTIBLES
LOSS PAYEE				COLLISION DED.	

### INSURED VEHICLE

VEH. NO., YEAR, MAKE, MODEL	V.I.N. (VEHICLE IDENTIFICATION)	PLATE NO.
OWNER'S NAME & ADDRESS		OWNER'S PHONE
DRIVERS NAME & ADDRESS (CHECK IF SAME AS OWNER)	RESIDENCE PHONE	BUSINESS. PHONE

RELATION TO INSURED (EMPLOYEE, FAMILY, ETC.)	DATE OF BIRTH	DRIVER'S LICENSE NO.	PURPOSE OF USE	USED WITH PERMISSION? YES NO
DESCRIBE DAMAGE	ESTIMATE AMOUNT \$	WHERE CAN VEHICLE BE SEEN?	WHEN?	OTHER INSURANCE ON VEH.

**PROPERTY DAMAGE**

DESCRIBE PROPERTY (IF AUTO, YEAR, MAKE, MODEL, PLATE NO.)	OTHER VEH./PROP. INS? YES NO	COMPANY OR AGENCY NAME & POLICY NO.
OWNER'S NAME & ADDRESS	BUSINESS PHONE	RESIDENCE PHONE
OTHER DRIVER'S NAME & ADDRESS (CHECK IF SAME AS OWNER)	BUSINESS PHONE	RESIDENCE PHONE
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?

**INJURED**

NAME & ADDRESS	BUSINESS PHONE	EXTENT OF INJURY

**WITNESSES**

NAME & ADDRESS	BUSINESS PHONE	RESIDENCE PHONE
REMARKS		
REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED