



AUTOMOBILE LOSS NOTICE

DATE(MM/DD/YYYY)

AGENCY	PHONE (A/C, No., Ext)	COMPAN	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
FA (A/C, No.)		POLICY NUMBER	POLICY TYPE	REFERENCE NUMBER	CAT#		
E-MAIL ADDRESS:		EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	<input type="checkbox"/> A <input type="checkbox"/> PM	PREVIOUSLY REPORTED	
CODE:	SUB CODE:					YES	NO
AGENCY CUSTOMER ID							

INSURED		CONTACT		CONTACT INSURED	
NAME AND	SOC SEC # OR FEIN:	NAME AND	WHEN TO CONTACT	WHERE TO CONTACT	
RESIDENCE PHONE (A/C, No)		RESIDENCE PHONE (A/C, No)			
BUSINESS PHONE (A/C, No,		BUSINESS PHONE (A/C, No,			
CELL PHONE (A/C, No)		CELL PHONE (A/C, No)			
E-MAIL ADDRESS:		E-MAIL ADDRESS:			

LOCATION OF ACCIDENT (Include &	AUTHORIT CONTACTED: REPORT #	VIOLATIONS/CITATION
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)		

POLICY INFORMATION	BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAG	SINGLE LIMI	MEDICAL PAYMEN	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault towing etc.)
LOSS PAYEE						COLLISION DED	
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS	AGGR	PER CLAIM/OC	SIR/ DED

INSURED VEHICLE							
VEH #	YEAR	MAKE	BODY TYPE:	PLATE NUMBER	STATE		
		MODEL:	V.I.N.				
OWNER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No)			
				BUSINESS PHONE (A/C, No,			
DRIVER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No)			
				BUSINESS PHONE (A/C, No,			
<input type="checkbox"/> (Check if same as owner)	RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WIT PERMISSION? YES NO	
DESCRIBE DAMAG							
ESTIMATE AMOUN	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE				

PROPERTY DAMAGED VEHICLE? YES NO YR: MAKE MODEL: PLATE #

DESCRIBE PROPERTY (Other Than Vehicle)	OTHER VEH/PROP INS? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY OR AGENCY POLICY #
OWNER'S NAME & ADDRESS	RESIDENCE PHONE (A/C, No)	
	BUSINESS PHONE (A/C, No)	
OTHER DRIVER'S NAME & <input type="checkbox"/> (Check if same as owner)	RESIDENCE PHONE (A/C, No)	
	BUSINESS PHONE (A/C, No)	
DESCRIBE DAMAG		
ESTIMATE AMOUN	WHERE CAN DAMAGE BE SEEN?	

INJURED

NAME &	PHONE (A/C,	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

WITNESSES OR PASSENGERS

NAME &	PHONE (A/C,	INS VEH	OTH VEH	OTHER (Specify
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

REPORTED BY	REPORTED TO
SIGNATURE OF INSURED	SIGNATURE OF PRODUCER
DATE (MM/DD/YYY)	DATE (MM/DD/YYY)

REMARKS (Include Adjuster Assigned)