




AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YY)

PRODUCER		PRODUCER PHONE (A/C, no., ext.)	MISCELLANEOUS INFORMATION (Site & Location Code)		
		COMPANY	POLICY NUMBER	CAT. #	
		POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	DATE (MM/DD/YY) & TIME OF LOSS	PREVIOUSLY REPORTED
CODE	SUB CODE			A.M.	YES
				P.M.	NO

INSURED					
NAME & ADDRESS		INSURED'S RESIDENCE PHONE (A/C, No.)	INSURED'S BUSINESS PHONE (A/C, no., ext.)		
		PERSON TO CONTACT		WHERE TO CONTACT	
				WHEN	
		CONTACT'S RESIDENCE PHONE (A/C, no.)	CONTACT'S BUSINESS PHONE (A/C, no., ext.)		

LOSS		
LOCATION OF ACCIDENT (Including city & state)	AUTHORITY CONTACTED & REPORT NO.	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)		

POLICY INFORMATION					
BODILY INJURY	PROPERTY DAMAGE	SINGLE LIMIT	MED. PAY	OTC DED.	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault towing, etc.)
LOSS PAYEE				COLLISION DED.	

INSURED VEHICLE					
VEH. NO. YEAR, MAKE, MODEL			V.I.N. (Vehicle identification)	PLATE NO.	
OWNER'S NAME & ADDRESS			PHONE (A/C, no., ext.)		
DRIVER'S NAME & ADDRESS (Check if same as owner)			RESIDENCE PHONE (A/C, no.)	BUSINESS PHONE (A/C, no., ext.)	
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	PURPOSE OF USE	USED WITH PERMISSION ?	
				YES	NO
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN ?	OTHER INSURANCE ON VEHICLE	
	\$				

PROPERTY DAMAGED					
DESCRIBE PROPERTY (If auto, year, make, model, plate no.)			OTHER VEH/PROP. INS?	COMPANY OR AGENCY NAME & POLICY NO.	
			YES	NO	
OWNER'S NAME & ADDRESS			BUSINESS PHONE (A/C, no., ext.)	RESIDENCE PHONE (A/C, no.)	
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)			BUSINESS PHONE (A/C, no., ext.)	RESIDENCE PHONE (A/C, no.)	
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?			

INJURED								
NAME & ADDRESS			PHONE (A/C, No.)	PED.	INS. VEH.	OTHER VEH.	AGE	EXTENT OF INJURY

WITNESSES OR PASSENGERS					
NAME & ADDRESS		PHONE (A/C, No.)	INS. VEH.	OTHER VEH.	OTHER (Specify)

REMARKS (Include adjuster assigned)		
REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED