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| **AUTOMOBILE LOSS NOTICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date (MM/DD/YY) | | | | | | | |
| Producer | | | | | | | | Producer Phone Number (A/C, No. Ext) | | | | | | | | | | | | Miscellaneous Information | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Company | | | | | | | | | | | | Policy Number | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Policy Eff. Date (MM/DD/YY) | | | | | | | | | | | | Policy Exp. Date (MM/DD/YY) | | | | | | | | | | | | | | Date (MM/DD/YY) & Time of Loss    AM PM | | | | | | | |
| **Insured** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name & Address | | | | | | | | Insured’s Residence Phone (A/C, No.) | | | | | | | | | | | | | Insured’s Business Phone (A/C, No., Ext.) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Person to Contact | | | | | | | | | | | | | Where and When to Contact | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Contact’s Residence Phone (A/C, No.) | | | | | | | | | | | | | Contact’s Business Phone (A/C, No., Ext..) | | | | | | | | | | | | | | | | | | | | |
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| **Loss** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of Accident (including 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 (UM, no-fault towing, etc.) | | | | | | | | | | | | | | | | | |
| Loss Payee | | | | | | | | | | | | | | | | Collision Deductible  $ | | | | | | | | | | | | | | | | Agreed Value  $ | | | | | | | | | |
| **Insured Vehicle** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veh. No. | Year, Make, Model | | | | | | | | V.I.N. (Vehicle identification) | | | | | | | | | | | | | | | | | | | | | | Plate No. | | | | | | | | | | |
| Owner’s Name & Address SAME AS ABOVE INSURED | | | | | | | | | | | | | | | | | | | | | | | | | | Residence Phone (A/C No.) | | | | | | | | | | | | Business Phone  (A/C, No., Ext.) | | | |
| Drivers Name & Address | | | | | | | | | | | | | | | | | | | | | | | | | | 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 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 (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? When? | | | | | | | | | | | | | | |
| Injured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name & Address | | | | | | | | | | | | Phone (A/C, No.) | | | | | | | Ped. | | | Ins.  Veh | | | Other Veh. | | | | | Age | | | | | | Extent of Injury | | | | | |
|  | | | | | | | | | | | |  | | | | | | |  | | |  | | |  | | | | |  | | | | | |  | | | | | |
|  | | | | | | | | | | | |  | | | | | | |  | | |  | | |  | | | | |  | | | | | |  | | | | | |
| **Witness or Passengers** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name & Address | | | | | | | | | | | | | | | Phone (A/C, No.) | | | | | | | | | Ins. Veh. | | | | | Other Veh. | | | | | | Other (Specify) | | | | | | |
| na | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | | |
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| Remarks (include adjusters assigned) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reported By: | | | | | | Reported To: | | | | | | | | | | | | | | | | | | | | | | Signature of Producer or Insured | | | | | | | | | | | | | |