



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		A.M.		YES	
P.M.		NO			
CODE	SUB CODE				

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	