



AUTOMOBILE LOSS NOTICE

SET TAB STOPS AT ARROWS
DATE (MM/DD/YY)

PRODUCER <input type="checkbox"/>		PRODUCER PHONE (A/C, NO., EXT.)		FOR COMPANY USE ONLY	
CODE		SUB CODE		COMPANY	POLICY NUMBER
				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

INSURED		INSURED'S RESIDENCE PHONE (A/C, NO.)		INSURED'S BUSINESS PHONE (A/C, NO., EXT.)	
NAME AND ADDRESS		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.	OTHER THAN COLL. DED.	OTHER COVERAGES & 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	
						<input type="checkbox"/> YES <input type="checkbox"/> 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. OR PROPERTY INSURED		COMPANY OR AGENCY NAME & POLICY NO.	
				<input type="checkbox"/> YES <input type="checkbox"/> 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	