|  |  |
| --- | --- |
| **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..)      |
|       |  |
| **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 |       | [ ]  | [ ]  |       |
|       |       | [ ]  | [ ]  |       |
| Remarks (include adjusters assigned) |
| Reported By:      | Reported To:      | Signature of Producer or Insured |