

AUTOMOBILE ACCIDENT/LOSS NOTICE

CLAIM NUMBER		COMPANY NAME							
POLICY NUMBER		POLICY DATES							
LIMITS	PD	BI	MED PAY	COLL DEDUCTIBLE	COMP DEDUCTIBLE	OTHER (SPECIFY)			
LOSS PAYEE	NAME					PHONE			
	ADDRESS								
INSURED	NAME					PHONE			
	ADDRESS								
PLACE / TIME	LOCATION OF LOSS / ACCIDENT					DATE/TIME			
INSURED AUTOMOBILE	YEAR	MAKE	MODEL	VIN		LICENSE PLATE/STATE			
	OWNER'S NAME		ADDRESS			PHONE			
	DRIVER'S NAME		ADDRESS			PHONE			
	FOR WHAT PURPOSE WAS AUTOMOBILE BEING USED AT TIME OF ACCIDENT?								
	WHERE MAY AUTO BE SEEN (ADDRESS)					ESTIMATED REPAIRS			
	IF THEFT, SPECIFY PROPERTY STOLEN / IF COLLISION OR COMPREHENSIVE, SPECIFY DAMAGE								
	AUTHORITIES NOTIFIED?		NAME/LOCATION OF AUTHORITIES			DATE OF NOTIFICATION			
DAMAGE TO PROPERTY OF OTHERS	IF AUTOMOBILE, MAKE, STYLE & YEAR					LICENSE PLATE/STATE			
	OWNER'S NAME		ADDRESS			PHONE			
	DRIVER'S NAME		ADDRESS			PHONE			
	LIST DAMAGE					ESTIMATED REPAIRS			
	NAME OF OTHER VEHICLE OWNER'S INSURANCE COMPANY					POLICY NUMBER			
PERSONS INJURED	NAME		ADDRESS		A G E	INS VEH	OTH VEH	PED ESTRI AN	EXTENT OF INJURIES
WITNESSES	NAME		ADDRESS				PHONE		
ACCIDENT DESCRIPTION									
REPORTED BY						DATE			

USE REVERSE SIDE FOR DIAGRAM AND OTHER INFORMATION OF IMPORTANCE.