AUTOMOBILE LOSS NOTICE Today's Date:

Producer Phone (a/c, no, ext)		Company Policy Number		Miscellaneous Info (Site & Location Code) Reference Number	CAT#
Code:	Sub Code:	Effective Date	Expiration Date	Date of Accident	Time ☐ AM ☐ PM Previously Reported ☐ Yes ☐ No
Agency Customer ID:					

INSURED		**CONTACT** Contact Insured		
Name & Address		Name & Address		Where to Contact When to Contact
Residence Phone (a/c, no)	Business Phone (a/c, no, ext)	Residence Phone (a/c, no)	Business Phone (a/c, no, ext)	

LOSS		
Location of Accident (Include city & state)	Authority Contacted Report #:	Violations/Citations
Description of Accident (Use reverse side, if necessary)		

POLICY INFORMATION						
Bodily Injury (Per Person)	Bodily Injury (Per Accident)	Property Damage	Single Limit	Medical Payment	OTC Deductible	Other Coverage & Deductible (UM, no-fault, towing, etc)
Loss Payee					Collision Ded.	

INSURED VEHICLE					
VEH#	Year	Make: Model:	Body Type: V.I.N.:	Plate Number	State
Owner's Name & Address				Residence Phone (a/c, no) Business Phone (a/c, no)	
Driver's Name & Address ☐Check if same as owner				Residence Phone (a/c, no) Business Phone (a/c, no)	

Relation to Insured (Employee, family, etc.)	Date of Birth	Driver's License Number	State	Purpose of Use	Used with Permission? ☐ Yes ☐ No
Describe Damage	Estimate Amount	Where Can Vehicle be Seen?	When Can Vehicle be Seen?		Other Insurance on Vehicle

PROPERTY DAMAGE		
Describe Property (if auto, year make, model, plate#)	Other VEH/Prop Ins? ☐ Yes ☐ No	Company or Agency Name Policy#:
Owner's Name & Address		Residence Phone (a/c, no) Business Phone (a/c, no)
Other Driver's Name & Address ☐ (Check if same as owner)		Residence Phone (a/c, no) Business Phone (a/c, no)
Describe Damage	Estimate Amount	Where can damage be seen?

INJURED

Name & Address	Phone (a/c, no)	PED	INS VEH	OTH VEH	Age	Extent of Injury

WITNESSES OR PASSENGERS

Name & Address	Phone (a/c, no)	INS VEH	OTH VEH	OTHER (Specify)

Remarks (Include Adjuster assigned)		
Reported By	Reported To	Signature of Producer or Insured