

## NOTICE OF LOSS/ACCIDENT

<b>TYPE OF LOSS</b>		AUTO <input type="checkbox"/>	<input type="checkbox"/> LIABILITY	<input type="checkbox"/> PROPERTY	
<b>INSURED</b>					
		CLAIM NUMBER			
		PERSON TO CONTACT			PHONE
<b>LOSS</b>					
DATE AND TIME		AM PM	LOCATION		
DESCRIPTION OF LOSS					
<b>MOTOR VEHICLE ACCIDENT</b>					
MEMBER VEHICLE YEAR, MAKE, MODEL		LICENSE NUMBER		VIN (VEHICLE IDENTIFICATION #)	
DRIVER'S NAME AND ADDRESS					
DRIVER'S LICENSE NUMBER		DRIVERS AGE		RESIDENCE PHONE ( )	BUSINESS PHONE ( )
DESCRIPTION OF DAMAGE		WHERE VEHICLE CAN BE SEEN			
					UNIT NUMBER
<b>PROPERTY DAMAGE</b>					
DESCRIBE PROPERTY (IF AUTO – YEAR, MAKE, MODEL, PLATE #)					
			COMPANY, AGENCY AND POLICY #		
DRIVER'S NAME & ADDRESS – INDICATE "SAME" IF SAME AS OWNER			RESIDENCE PHONE ( )		BUSINESS PHONE ( )
DESCRIBE DAMAGE		ESTIMATE AMOUNT \$		WHERE PROPERTY CAN BE SEEN	
				FIRE, HAIL, ETC.	
<b>INJURED</b>					
NAME AND ADDRESS		PHONE	PED	INS VEH	OTHER VEH
<b>WITNESSES OR PASSENGERS</b>					
NAME AND ADDRESS		PHONE	INS VEH	OTHER VEH	OTHER (SPECIFY)
<b>POLICE</b>					
YES <input type="checkbox"/>	NO <input type="checkbox"/>	POLICE AGENCY	CHARGES?	INVESTIGATING OFFICER	REPORT NUMBER
<b>LIABILITY</b>					
ALLEGED OFFENSE					
			OFFICIALS INVOLVED		
CLAIMANT – NAME AND ADDRESS				RESIDENCE PHONE ( )	BUSINESS PHONE ( )
<b>REMARKS</b>					
DATE	REPORTED BY	REPORTED TO			
				SIGNATURE	