

NOTICE OF LOSS/ACCIDENT									
TYPE OF LOSS			AUTO <input type="checkbox"/> <input type="checkbox"/> LIABILITY <input type="checkbox"/> <input type="checkbox"/> PROPERTY						
INSURED									
			CLAIM NUMBER						
			PERSON TO CONTACT				PHONE		
LOSS									
DATE AND TIME				AM PM	LOCATION				
DESCRIPTION OF LOSS									
MOTOR VEHICLE ACCIDENT									
MEMBER VEHICLE YEAR, MAKE, MODEL			LICENSE NUMBER		VIN (VEHICLE IDENTIFICATION #)				
DRIVER'S NAME AND ADDRESS							DEPARTMENT		
DRIVER'S LICENSE NUMBER			DRIVERS AGE		RESIDENCE PHONE ()		BUSINESS PHONE ()		
DESRPTION OF DAMAGE			WHERE VEHICLE CAN BE SEEN				UNIT NUMBER		
PROPERTY DAMAGE									
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.		
INJURED									
NAME AND ADDRESS	PHONE	PED	INS VEH	OTHER VEH	AGE	HOSPITAL & DOCTOR	DESCRIBE INJURY		
WITNESSES OR PASSENGERS									
NAME AND ADDRESS			PHONE		INS VEH	OTHER VEH	OTHER (SPECIFY)		
POLICE									
POLICE INVESTIGATE YES <input checked="" type="radio"/> NO <input checked="" type="radio"/>		POLICE AGENCY		CHARGES?		INVESTIGATING OFFICER		REPORT NUMBER	
LIABILITY									
ALLEGED OFFENSE					OFFICIALS INVOLVED				
CLAIMANT – NAME AND ADDRESS					RESIDENCE PHONE ()		BUSINESS PHONE ()		
REMARKS									
DATE		REPORTED BY		REPORTED TO		SIGNATURE			