

Producer: _____

Policy No.: _____

AUTOMOBILE LOSS NOTICE**1. Insured**

Name: _____ Cell Phone: _____ Business Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Contact Person: _____ Contact Phone: _____

2. Accident (Time, Place, & Description)Date & Time of Accident (mm/dd/yyyy): _____ ☐ A.M. ☐ P.M.

Location of Accident (City & State): _____

Description of Accident: _____

Police Dept. Reported to (include Name and Badge Number of Officer): _____

3. Insured Vehicle

Vehicle Number: _____ Year: _____ Make: _____ Model: _____

Body Type: _____ VIN: _____

Owner's Name and Address: _____

Residence Phone: _____ Business Phone: _____

Relationship to Insured: _____ D.O.B.: _____ Driver's License #: _____ State: _____

Describe Damage: _____ Estimate Amount: _____ Where Can Vehicle Be Seen?: _____

4. Other Vehicle or Property Damage

Describe Vehicle or Property: _____

Other Insurance? ☐ Yes ☐ No Company Name: _____ Policy Number: _____

Driver or Property Owner Name & Address: _____

Residence Phone: _____ Business Phone: _____

Describe Damage: _____ Estimate Amount: _____ Where Can Vehicle Be Seen?: _____

5. Injured/Witnesses

Name & Address	Age	Phone No.	Extent of Injury

Report Submitted by: Name: _____ Date: _____ Position: _____**IN CASE OF ACCIDENT!**

1. Remain calm.
2. Fill out this form.
3. Report to the appropriate contact above.
4. Serious injuries or death should be phoned in immediately.
5. DO NOT ADMIT FAULT. Do not discuss with anyone except police.

*** ALL ACCIDENTS MUST BE REPORTED.***