

Policy#: 0308283-09-012502  
Expiration Date: \_\_\_\_\_

**AUTOMOBILE LOSS NOTICE**

\*Required Field

\*MEMBER/NAME AND ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

\*DATE AND TIME OF LOSS: \_\_\_\_\_

\*LOCATION OF LOSS: \_\_\_\_\_  
(INCLUDE CITY/STATE)

\*FACTS OF THE ACCIDENT: \_\_\_\_\_

AUTHORITY CONTACTED: \_\_\_\_\_ REPT #: \_\_\_\_\_

YOUR VEHICLE: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ \* VIN#: \_\_\_\_\_

DRIVER \_\_\_\_\_ PHONE #: \_\_\_\_\_

DRIVERS RELATIONSHIP TO INSURED: \_\_\_\_\_

WAS DRIVER WORKING AT TIME OF LOSS: \_\_\_\_\_

DESCRIBE DAMAGE TO ASSURED VEHICLE: \_\_\_\_\_

WHERE CAN VEHICLE BE SEEN: \_\_\_\_\_

OWNER OF THE OTHER VEHICLE OR PROPERTY: \_\_\_\_\_  
(INCLUDE NAME/ADDRESS/PHONE)

DRIVER OF OTHER VEHICLE: \_\_\_\_\_

DRIVER OF OTHER VEHICLE INSURANCE COMPANY: \_\_\_\_\_

WHAT TYPE OF VEHICLE IS IT: \_\_\_\_\_

DESCRIBE DAMAGE TO OTHER VEHICLE: \_\_\_\_\_

INJURIES: \_\_\_\_\_

WITNESSES/PASSENGERS: \_\_\_\_\_

\*REPORTED BY: \_\_\_\_\_

\* PHONE#: \_\_\_\_\_

\*DATE: \_\_\_\_\_