

Policy#: _____

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: _____