

# AUTOMOBILE ACCIDENT/LOSS NOTICE

<b>CLAIM NUMBER</b>		<b>COMPANY NAME</b>							
<b>POLICY NUMBER</b>		<b>POLICY DATES</b>							
<b>LIMITS</b>	PD	BI	MED PAY	COLL DEDUCTIBLE	COMP DEDUCTIBLE	OTHER (SPECIFY)			
<b>LOSS PAYEE</b>	NAME					PHONE			
	ADDRESS								
<b>INSURED</b>	NAME					PHONE			
	ADDRESS								
<b>PLACE / TIME</b>	LOCATION OF LOSS / ACCIDENT					DATE/TIME			
<b>INSURED AUTOMOBILE</b>	YEAR	MAKE	MODEL	VIN		LICENSE PLATE/STATE			
	OWNER'S NAME		ADDRESS			PHONE			
	DRIVER'S NAME		ADDRESS			PHONE			
	FOR WHAT PURPOSE WAS AUTOMOBILE BEING USED AT TIME OF ACCIDENT?								
	WHERE MAY AUTO BE SEEN (ADDRESS)					ESTIMATED REPAIRS			
	IF THEFT, SPECIFY PROPERTY STOLEN / IF COLLISION OR COMPREHENSIVE, SPECIFY DAMAGE								
	AUTHORITIES NOTIFIED?		NAME/LOCATION OF AUTHORITIES			DATE OF NOTIFICATION			
<b>DAMAGE TO PROPERTY OF OTHERS</b>	IF AUTOMOBILE, MAKE, STYLE & YEAR					LICENSE PLATE/STATE			
	OWNER'S NAME		ADDRESS			PHONE			
	DRIVER'S NAME		ADDRESS			PHONE			
	LIST DAMAGE					ESTIMATED REPAIRS			
	NAME OF OTHER VEHICLE OWNER'S INSURANCE COMPANY					POLICY NUMBER			
<b>PERSONS INJURED</b>	NAME		ADDRESS		A G E	INS VEH	OTH VEH	PED ESTRI AN	EXTENT OF INJURIES
<b>WITNESSES</b>	NAME		ADDRESS				PHONE		
<b>ACCIDENT DESCRIPTION</b>									
<b>REPORTED BY</b>						<b>DATE</b>			

USE REVERSE SIDE FOR DIAGRAM AND OTHER INFORMATION OF IMPORTANCE.