

NOTICE OF LOSS/ACCIDENT

TYPE OF LOSS	AUTO	LIABILITY	PROPERTY
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INSURED

CLAIM NUMBER

PERSON TO CONTACT

PHONE

LOSS

DATE AND TIME	AM PM	LOCATION
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DESCRIPTION OF LOSS

MOTOR VEHICLE ACCIDENT

MEMBER VEHICLE YEAR, MAKE MODEL	LICENSE NUMBER	VIN (VEHICLE IDENTIFICATION #)
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DRIVER'S NAME AND ADDRESS	DEPARTMENT
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DRIVER'S LICENSE NUMBER	DRIVERS AGE	RESIDENCE PHONE ()	BUSINESS PHONE ()
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DESCRIPTION OF DAMAGE	WHERE VEHICLE CAN BE SEEN	UNIT NUMBER
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PROPERTY DAMAGE

DESCRIBE PROPERTY (IF AUTO - YEAR, MAKE, MODEL, PLATE #)	COMPANY, AGENCY AND POLICY #
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DRIVER'S NAME & ADDRESS - INDICATE "SAME" IF SAME AS OWNER	RESIDENCE PHONE ()	BUSINESS PHONE ()
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DESCRIBE DAMAGE	ESTIMATE AMOUNT \$	WHERE PROPERTY CAN BE SEEN	FIRE, HAIL, ETC.
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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 type="checkbox"/> NO <input type="checkbox"/>	POLICE AGENCY	CHARGES?	INVESTIGATING OFFICER	REPORT NUMBER
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LIABILITY

ALEGED OFFENSE	OFFICIALS INVOLVED
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CLAIMANT - NAME AND ADDRESS	RESIDENCE PHONE ()	BUSINESS PHONE ()
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REMARKS

DATE	REPORTED BY	REPORTED TO	SIGNATURE
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