



Report of Automobile Loss

Policy #: _____

Date of Loss: _____

BUSINESS CONTACT INFORMATION

Named Insured:			
Contact Name:		Title:	
Address:		City:	State: Zip:
Phone Number:	Fax Number:	Email Address:	
Manager or Assistant Manager's Name:		Manager's Phone Number:	

ACCIDENT INFORMATION:

Location of accident (including city and state)	Authority Contacted	Report #:
Description of Accident:		

INSURED VEHICLE:

Veh. No.	Year, Make, Model:	V.I.N. (Vehicle Identification):
Owner's Name & Address		
Driver's Name & Address (Check if Same as Owner) <input type="checkbox"/>	Residence Phone (A/C) No. ()	Business Phone (A/C) No. Ext. () Ext.
Describe Damage	Where can Vehicle be Seen	When
		Other Insurance on Vehicle

OTHER VEHICLE / PROPERTY DAMAGE:

Describe Property (If Auto, Year, Make, Model)	Other Veh. or Prop Ins. Yes <input type="checkbox"/> No <input type="checkbox"/>	Company/Agency Name & Policy No.
Owner's Name & Address	Residence Phone (A/C) No. ()	Business Phone (A/C) No. Ext. () Ext.
Other Driver's Name & Address (Check if Same as Owner) <input type="checkbox"/>	Residence Phone (A/C) No. ()	Business Phone (A/C) No. Ext. () Ext.
Describe Damage	Where can Vehicle be Seen	When
		Other Insurance on Vehicle

INJURED:

Name & Address	Phone No. (A/C) No.	Extent of Injury
	()	
	()	
	()	
	()	

WITNESSES OR PASSENGERS:

Name & Address	Phone No. (A/C) No.	Other (Specify)
	()	
	()	

Reported by:	Reported to:	Date of Report:
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