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AUTOMOBILE LOSS NOTICE

, "? Tgs wkt gf 'F cvg

* MEMBER/NAME AND ADDRESS:

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PHONE #:

* DATE AND TIME OF LOSS:

* LOCATION OF LOSS:

""(INCLUDE CITY/STATE)

, 'HCEVU'QH'VJ G'CEEK GP V:

AUTHORITY CONTACTED:

REPT #:

YOUR VEHICLE: YEAR MAKE

* V.I.N.

DRIVER:

PHONE #:

DRIVER'S RELATIONSHIP TO INSURED:

WAS DRIVER WORKING AT TIME OF LOSS:

DESCRIBE DAMAGE TO INSURED VEHICLE:

WHERE CAN VEHICLE BE SEEN:

OWNER OF OTHER VEHICLE OR PROPERTY:

*PENWF'P COGICFFTGUURJ QP G+

"

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:

(MM/DD/YYYY)