

Company Name Automobile Loss Notice Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



Company Name
Company Address
City, State, Zip
Tel. (555) 555-5555
Fax (555) 555-5555
www.domain.com

* Denotes Required Field

*Disclaimer

I understand that this does not constitute an actual claim, but is rather a notification to my agent of an existing loss or claim and may help expedite the claims process once I have filed.

I have read and agree with the above disclaimer

(Box must be checked before request can be sent)

Policy Holder Information

*Name Insured:

*Policy Number:

*Address:

*City:

*State:

*Zip Code:

*Day Phone:

*Evening Phone:

Ex: 920-111-2222

Best Time to Call:

*E-Mail Address:

*Confirm E-Mail Address:

Time and Description of Loss

Date of Loss:

Ex. 01/15/2007

Time of Loss:

a.m. p.m.

Location of Accident:

(number, street, intersection, etc.):

Description of Accident:

Authority Notification

Was the police or fire department called?:

If yes, which authority was called?:

Name of police or fire department:

Were you ticketed by the police department?:

If yes, what violation(s) were you ticketed for?:

Vehicle Information

Was there damage to your vehicle?:

If yes, describe the damage received:

Where can the vehicle be seen?:

What vehicle were you driving?: Year: Make: Model:

License Plate #: State:

Is this your vehicle?:

If no, were you using it with permission from the owner?:

Please explain the details and circumstances below:

Other Driver Information

Name:

Address:

City:

State:

Zip Code:

Day Phone:

Evening Phone:

Ex: 920-111-2222

Automobile Information: Year: Make: Model:

Driver's License #: State:

License Plate #: State:

Insurance Company:

Describe any damage to the other vehicle:

Where can the other vehicle be seen?:

Injuries, Witnesses, Etc.

If there were any injuries, please describe:

Please list any witnesses and/or passengers involved with the accident:

Report Information

Reported by:

Title (if any):

Date Reported:

Ex. 01/15/2007

Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above, please enter it here:

*Acknowledgement and Consent

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this will retain the information. False statements may subject me to criminal penalties.

If a policy is issued, I authorize the agency to give information about me to its affiliates. **Yes** **No**

*Enter Your Initials Here:

*Today's Date:

EX: 01/12/2007

[View our Privacy Policy](#)