

## Automobile Loss Form

Date (MM/DD/YYYY)
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<b>Carrier:</b>		<b>Policy Number and Effective Dates:</b>	
<b>Policy Type:</b>		<b>Date of Loss and time:</b>	
<b>INSURED:</b>			
Name of Insured (Business Name):		Insured's Mailing Address:	
Contact's name: Contact's phone #:		Email Address:	
<b>LOSS</b>			
Location of Loss:		Police Department:	
Description of Loss:		Report # (?):	
<b>Insured Vehicle</b>			
Year, Make and Model:		Vehicle Identification if applicable:	
Driver information if applicable: Date of Birth: Contact Information:		Injuries if applicable:	Plate # if applicable:
<b>Property Damaged</b>			
Description (Year, Make and Model if applicable):		Vehicle Identification or serial no if applicable:	
Driver information if applicable: Date of Birth Contact Information:		Injuries if applicable:	Plate # if applicable:
Record only claim (?):			
Other information relevant to claim:			
<b>Reported by; Contact phone #</b>			
<b>Time:</b>			
Reference Number:			