

Notice of Loss

Policy Holder:

| |
|-----------------------|
| Policy name: |
| Policy number: |
| Contact name: |
| Contact phone number: |
| Contact email: |
| When to contact: |

Other Vehicle/Property Damaged:

| | | |
|--------------------------|------------------------------|-----------------------------|
| Driver name: | | |
| Driver address: | | |
| Driver phone number: | | |
| Driver email: | | |
| Make: | Model: | |
| Body type: | Year: | |
| VIN: | | |
| License Plate Number: | | |
| Current location: | | |
| Is the vehicle drivable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Description of damage: | | |

Injured Party:

| |
|--------------------------|
| Name: |
| Address: |
| Phone number: |
| Email: |
| Description of injuries: |

Description of Incident:

| | | |
|--------------|--------|--|
| Date: | Time: | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Street: | | |
| City: | State: | |
| Description: | | |

Other Vehicle:

| | | |
|--------------------------|------------------------------|-----------------------------|
| Driver name: | | |
| Driver address: | | |
| Driver phone number: | | |
| Driver email: | | |
| Make: | Model: | |
| Body type: | Year: | |
| VIN: | | |
| License Plate Number: | | |
| Current location: | | |
| Is the vehicle drivable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Description of damage: | | |

Witness:

| |
|------------------------------|
| Name: |
| Address: |
| Phone number: |
| Email: |
| Other Pertinent Information: |

Rental Vehicle:

| | | |
|--------------------------|--|-----------------------------|
| Driver name: | | |
| Driver address: | | |
| Driver phone number: | | |
| Driver's license number: | | |
| Driver date of birth: | | |
| Driver email: | | |
| Relationship to Insured: | | |
| Purpose of use: | Used with Permission <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Make: | Model: | |
| Body Type: | Year: | |
| VIN: | | |
| License Plate Number: | | |
| Current location: | | |
| Is the vehicle drivable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Description of damage: | | |

Witness:

| |
|------------------------------|
| Name: |
| Address: |
| Phone number: |
| Email: |
| Other Pertinent Information: |

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated.

Signature of Insured

Date