

# ACORD™ AUTOMOBILE LOSS NOTICE

DATE

PRODUCER	PHONE (A/C, No, Ext):	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)	
[Agency Name/Address]		POLICY NUMBER	REFERENCE NUMBER	CAT #	
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	PREVIOUSLY REPORTED
AGENCY CUSTOMER ID					

<b>INSURED</b>		<b>CONTACT</b>		<input type="checkbox"/>	CONTACT INSURED
NAME AND ADDRESS		SOC SEC #:	NAME AND ADDRESS		WHERE TO CONTACT
					WHEN TO CONTACT
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)		

<b>LOSS</b>		
LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED: REPORT #:	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT		

<b>INSURED VEHICLE</b>					
VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
		MODEL:	V.I.N.:		
OWNER'S NAME & ADDRESS			RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):	
DRIVER'S NAME & ADDRESS			RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):	
<input type="checkbox"/> (Check if same as owner)	RELATION TO INSURED (Employee, family, etc)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE
					USED WITH PERMISSION?
DESCRIBE DAMAGE	ESTIMATE AMOUNT \$	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE?	

<b>PROPERTY DAMAGED</b>					
DESCRIBE PROPERTY (If auto, year, make, model, plate #)		OTHER VEH/PROP INS?	COMPANY OR AGENCY NAME: POLICY #:		
OWNER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):		
OTHER DRIVER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):		
<input type="checkbox"/> (Check if same as owner)					
DESCRIBE DAMAGE	ESTIMATE AMOUNT \$	WHERE CAN DAMAGE BE SEEN?			

<b>INJURED</b>					
NAME & ADDRESS		PHONE (A/C, No)	PED, INS VEH, OTH VEH	AGE	EXTENT OF INJURY

<b>WITNESS OR PASSENGERS</b>				
NAME & ADDRESS		PHONE (A/C, No)	INS VEH or OTH VEH	OTHER (Specify)

REMARKS (Include adjuster assigned)			
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER