

## AUTOMOBILE LOSS NOTICE

Date (MM/DD/YYYY) 10/10/2022

AGENCY						INSU	INSURED LOCATION CODE			DATE OF LOSS AND TIME			
Erie Insurance						500022			2022-10-05				
						CARRIER			NA	NAIC CODE			
						OBC technologies		NIC	NIC324				
Contact Name : Ray Newton						Policy Number							
Phone : 3223498977						12312	12312678						
Fax (A/C No.) :4523456						LINE	LINE OF BUSINESS Corporate						
E-MAIL Address : Dwane.Smaith@outlook.com						Corpo							
CODE : 34567 SUB-CODE: 12345						AGENCY CUSTOMER ID : 120607980							
INSURED							4						
Name of Insured (first,middle,last)						Mailing Address							
						287 Kensington Road, #1A South Pasadena, CA 91145							
Date of Birt 30-06-1960				Marital statu	IS	Email Ray.Ne	Email Ray.Newton@outlook.com						
II -	Primary Phone # Secondary Phone #					Secondary Email							
Contact Contact Insured													
Name of Contact (First,middle,last) Ray Newton							Contact's Mailing Address infinity tower, builders villa , NJ						
II -	Primary Phone # Secondary Phone # 3223498977							Primary Email Ray.Newton@ou	imary Email ay.Newton@outlook.com				
When to Contact 18-07-2021							Secondary Email						
LOSS													
LOCATION OF LOSS : asdfg						POLIC	POLICE OR FIRE DEPARTMENT CONTACTED						
City,State,Zip: SOUTH PASADENA						REPOR	REPORT NUMBER						
CA						56457587							
DESCRIBE	LOCATION	OF LOS	SS IF NOT	AT SPECIFIC	C STREET AD	DRESS	:						
DESCRIPTION OF ACCIDENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) xcvghj													
INSURED V	EHICLE												
VEH # DG3451	YEAR	MAKE :	MAKE: 1996 Toyota Corolla(2GDH967/Califo					BODY TYPE : Plastic		PLATE N		STATE	
	1996	MODEL	MODEL :					V.I.N:		TS09GT1	234	TS	
RELATION TO INSURED (Employee, family, etc.) Parent			DATE OF BIRTH  DRIVER'S LIC NUMBER 545TYR56U		STATE CA		PURPOS		E OF USE USED PERM		WITH SSION ?(Y/N)		
DESCRIBE DAMAGE rear bumper is crumpled. WINDSHEILD and headlights were shattered.													