

ACORD 2 - AUTOMOBILE LOSS NOTICE
FIRST NOTICE OF LOSS (FNOL)

DATE: 02/06/2026

CARRIER: SafeGuard Insurance Company

NAIC CODE: 12345

POLICY INFORMATION

POLICY NUMBER: [NOT PROVIDED]

POLICYHOLDER NAME: Robert Williams

EFFECTIVE DATES:

LINE OF BUSINESS: Auto Insurance

INSURED INFORMATION

NAME OF INSURED: Robert Williams

DATE OF BIRTH:

PRIMARY PHONE:

E-MAIL ADDRESS:

MAILING ADDRESS:

LOSS INFORMATION

DATE OF LOSS: 02/03/2026

TIME:

LOCATION OF LOSS:

STREET: Highway 95 near mile marker 42

CITY, STATE, ZIP:

POLICE DEPARTMENT CONTACTED:

REPORT NUMBER:

DESCRIPTION OF ACCIDENT:

Single vehicle accident. Vehicle left roadway and struck guardrail.

INSURED VEHICLE

YEAR: 2021

MAKE: Ford

MODEL: F-150

BODY TYPE: Truck

V.I.N.: 1FTFW1E84MFA12345

PLATE NUMBER:

STATE:

OWNER'S NAME:

DRIVER'S NAME: Robert Williams

DAMAGE DESCRIPTION:

Front end damage, hood crumpled, airbags deployed.

ESTIMATE AMOUNT:

WHERE CAN VEHICLE BE SEEN: Joe's Towing Yard

WHEN CAN VEHICLE BE SEEN:

WITNESSES

NAME:

PHONE:

ADDRESS:

CLAIM TYPE:

INITIAL ESTIMATE:

REPORTED BY: Robert Williams

REPORTED TO: SafeGuard Insurance Claims Department

DATE REPORTED: 02/06/2026

This is a complete and accurate report of the loss to the best of my knowledge.

Signature: Robert Williams

Date: 02/06/2026