

## AUTOMOBILE LOSS NOTICE – SAMPLE FILLED FORM

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### INSURED INFORMATION

Name of Insured: John Doe

Mailing Address: 123 Main Street, Springfield, Illinois, 62704

Phone (Primary): +1 312-555-8844

Phone (Secondary): +1 312-555-5500

Email: johndoe@example.com

Date of Birth: 05/14/1987

### POLICY INFORMATION

Policy Number: AXA-998877

Carrier: AXA General Insurance

NAIC Code: 12345

Line of Business: Personal Auto

### INCIDENT DETAILS

Date of Loss: 02/09/2025

Time of Loss: 3:45 PM

Location of Loss: 55 Lakeview Road, Springfield, Illinois

Description of Accident:

A vehicle traveling behind rear-ended the insured's vehicle at a red light.

No injuries were reported at the scene. Police report filed on scene.

Police/Fire Department Contacted: Springfield PD

Report Number: SP-2025-1122

### INSURED VEHICLE INFORMATION

Make: Toyota

Model: Camry

Year: 2021

VIN: 4T1G11AK0MU123456

License Plate: IL-ABX2211

Damage Description: Rear bumper and trunk lid damaged due to collision.

ESTIMATE AMOUNT: \$1850

### DRIVER INFORMATION

Driver's Name: John Doe

Driver's License Number: D1234567-IL

Relation to Insured: Self

Purpose of Use: Personal

### OTHER PARTY INFORMATION

Other Vehicle Involved: Yes

Other Driver Name: Michael Smith

Other Driver Phone: +1 217-555-3322

Other Vehicle Details: Honda Civic, 2018, IL-XY1122

Other Insurance Carrier: StateFarm

Other Policy Number: SF-556677

Damage Description (Other Vehicle): Minor front bumper damage.

#### WITNESSES

Witness Name: Robert Johnson

Phone: +1 217-555-9000

#### INJURY INFORMATION

Any Injuries: No

#### REPORTED BY

Name: John Doe

Reported To: AXA Claims Team

Date Reported: 02/10/2025

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END OF FORM