

AUTOMOBILE LOSS NOTICE – SAMPLE FILLED FORM

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

END OF FORM