

AUTOMOBILE LOSS NOTICE

ACORD 2 (2016/10)

POLICY NUMBER	LINE OF BUSINESS	CARRIER	NAIC CODE	INSURED LOCATION CODE
AUTO-PL-983421	Personal Auto	ABC Insurance Ltd.	45821	

DATE OF LOSS (MM/DD/YYYY)	TIME	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
02/14/2026	08:45 PM	

AGENCY

AGENCY CUSTOMER ID	AGENCY NAME	CODE	SUBCODE

CONTACT	PHONE (A/C, NO, EXT)	FAX (A/C, NO)

ADDRESS

E-MAIL

INSURED

NAME OF INSURED (FIRST, MIDDLE, LAST)	DATE OF BIRTH	FEIN (IF APPLICABLE)
Rahul Sharma	08/12/1992	

INSURED'S MAILING ADDRESS

221B Maple Street, Dallas, TX, 75201

PRIMARY E-MAIL ADDRESS	SECONDARY E-MAIL ADDRESS
rahul.sharma@email.com	

PRIMARY PHONE #	SECONDARY PHONE #	MARITAL STATUS / CIVIL UNION
+1-469-555-1298		Married
<input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUS	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUS	

CONTACT

<input checked="" type="checkbox"/> CONTACT INSURED	NAME OF CONTACT (FIRST, MIDDLE, LAST)	WHEN TO CONTACT
	Rahul Sharma	

CONTACT'S MAILING ADDRESS

221B Maple Street, Dallas, TX, 75201

PRIMARY E-MAIL ADDRESS	SECONDARY E-MAIL ADDRESS
rahul.sharma@email.com	

PRIMARY PHONE #

SECONDARY PHONE #

+1-469-555-1298

☒ CELL ☐ HOME ☐ BUS

☐ CELL ☐ HOME ☐ BUS

LOCATION OF LOSS

STREET

Intersection of Elm Street and 5th Avenue

CITY, STATE, ZIP

Dallas, TX

COUNTRY

USA

DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS

POLICE OR FIRE DEPARTMENT CONTACTED

Yes

REPORT NUMBER

DP-778412

LOSS

DESCRIPTION OF ACCIDENT

The insured vehicle was rear-ended at a traffic signal during heavy rain. The third-party driver failed to brake in time, causing damage to the rear bumper and trunk. No signs of staged activity observed.

INSURED VEHICLE

VEH #

1

YEAR

2022

MAKE

Toyota

MODEL

Camry SE

BODY TYPE

Sedan

V.I.N.

4T1G11AK2NU6754
21

STATE

TX

PLATE NUMBER

TX-89K2214

RELATION TO INSURED

Self

PURPOSE OF USE

Personal

STATE DRIVER'S LICENSE NUMBER

TX-DL-0921345

DATE OF BIRTH

08/12/1992

USED WITH PERMISSION? (Y/N)

Y

ESTIMATE AMOUNT

\$8,500

☒ Same as Insured

OWNER'S NAME AND ADDRESS

Rahul Sharma, 221B Maple Street, Dallas, TX, 75201

PRIMARY E-MAIL ADDRESS

rahul.sharma@email.com

SECONDARY E-MAIL ADDRESS

PRIMARY PHONE #

+1-469-555-1298

☒ CELL ☐ HOME ☐ BUS

SECONDARY PHONE #

☐ CELL ☐ HOME ☐ BUS

☒ Same as Owner

DRIVER'S NAME AND ADDRESS

Rahul Sharma, 221B Maple Street, Dallas, TX, 75201

PRIMARY E-MAIL ADDRESS

rahul.sharma@email.com

SECONDARY E-MAIL ADDRESS

PRIMARY PHONE #

+1-469-555-1298

☒ CELL ☐ HOME ☐ BUS

SECONDARY PHONE #

☐ CELL ☐ HOME ☐ BUS

DESCRIBE DAMAGE

Rear bumper and trunk damage

WHERE CAN VEHICLE BE SEEN?

Metro Auto Repair, Dallas

WHEN CAN VEHICLE BE SEEN?

Business Hours

OTHER INSURANCE ON VEHICLE - CARRIER / POLICY NUMBER

1. WAS A STANDARD CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) INSTALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT?

☐ Y ☒ N

2. WAS THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) IN USE BY A CHILD DURING THE TIME OF THE ACCIDENT?

☐ Y ☒ N

3. DID THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) SUSTAIN A LOSS AT THE TIME OF THE ACCIDENT?

☐ Y ☒ N

AGENCY CUSTOMER ID

OTHER VEHICLE / PROPERTY DAMAGED

VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.
2	2020	Honda	Civic	Sedan	
STATE		PLATE NUMBER		OTHER VEH/PROP INS? (Y/N) / CARRIER OR AGENCY NAME / POLICY NUMBER / NAIC CODE	
TX				Y / StateShield Insurance / SS-PL-882311	

OWNER'S NAME AND ADDRESS
Michael Turner

PRIMARY E-MAIL ADDRESS	SECONDARY E-MAIL ADDRESS

PRIMARY PHONE #	SECONDARY PHONE #
+1-972-555-7741	
<input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUS	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUS

<input checked="" type="checkbox"/> Same as Owner	DRIVER'S NAME AND ADDRESS
	Michael Turner

PRIMARY E-MAIL ADDRESS	SECONDARY E-MAIL ADDRESS

PRIMARY PHONE #	SECONDARY PHONE #
+1-972-555-7741	
<input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUS	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUS

DESCRIBE PROPERTY (OTHER THAN VEHICLE)	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?

DESCRIBE DAMAGE

WITNESSES OR PASSENGERS

Name & Address	Phone (A/C, No)	INS VEH	OTH VEH	PED	Other (Specify)

INJURED

Name & Address	Phone (A/C, No)	INS VEH	OTH VEH	PED	Age	Extent of Injury
None						No Injuries Reported

REPORTED TO / BY**Name & Address****Phone (A/C, No)****INS
VEH****OTH
VEH****Reported To****Reported By**

ABC Insurance Ltd.

X

Carrier

Rahul Sharma

REMARKS

Claim qualifies for Fast Track processing: Damage under \$25,000, no injuries reported, police report filed.

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FRAUD WARNINGS**ACORD 2 (2016/10)****AGENCY CUSTOMER ID****Applicable in Alabama:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Applicable in Alaska:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Applicable in Arizona:

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in California:

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Delaware:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Applicable in the District of Columbia:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in Florida:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in Hawaii:

Any person who intentionally or knowingly misrepresents or conceals material facts, opinions, intention, or law to obtain or attempt to obtain coverage, benefits, recovery, or compensation commits the offense of insurance fraud which is a crime punishable by fines or imprisonment or both.

Applicable in Idaho:

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Indiana:

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Kansas:

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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AGENCY CUSTOMER ID
Applicable in Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Applicable in Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Applicable in Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.
Applicable in Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Applicable in Michigan: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Applicable in Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
Applicable in Nevada: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a category D felony.
Applicable in New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.
Applicable in New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
Applicable in New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
Applicable in New York: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
Applicable in Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Applicable in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Applicable in Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.
Applicable in Pennsylvania: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.
Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
Applicable in Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Applicable in Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Applicable in Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Applicable in Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Applicable in Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Applicable in West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

