

AUTOMOBILE LOSS NOTICE

ACORD 2 (2016/10)

POLICY NUMBER AUTO-PL-983421	LINE OF BUSINESS Personal Auto	CARRIER ABC Insurance Ltd.	NAIC CODE 45821	INSURED LOCATION CODE
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DATE OF LOSS (MM/DD/YYYY) 02/14/2026	TIME 08:45 PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
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AGENCY

AGENCY CUSTOMER ID	AGENCY NAME	CODE	SUBCODE
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CONTACT	PHONE (A/C, NO, EXT)	FAX (A/C, NO)
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ADDRESS

E-MAIL

INSURED

NAME OF INSURED (FIRST, MIDDLE, LAST) Rahul Sharma	DATE OF BIRTH 08/12/1992	FEIN (IF APPLICABLE)
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INSURED'S MAILING ADDRESS 221B Maple Street, Dallas, TX, 75201

PRIMARY E-MAIL ADDRESS rahul.sharma@email.com	SECONDARY E-MAIL ADDRESS
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PRIMARY PHONE # +1-469-555-1298 <input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUS	SECONDARY PHONE # <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUS	MARITAL STATUS / CIVIL UNION Married
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<input checked="" type="checkbox"/> CONTACT INSURED	NAME OF CONTACT (FIRST, MIDDLE, LAST) Rahul Sharma	WHEN TO CONTACT
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CONTACT'S MAILING ADDRESS 221B Maple Street, Dallas, TX, 75201

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

PRIMARY PHONE # +1-469-555-1298 <input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUS	SECONDARY PHONE # <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUS
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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
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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	
<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUS	SECONDARY PHONE # <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUS
<input checked="" type="checkbox"/> Same as Owner	DRIVER'S NAME AND ADDRESS Rahul Sharma, 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 <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 DAMAGE	WHERE CAN VEHICLE BE SEEN?
Rear bumper and trunk damage	Metro Auto Repair, Dallas
WHEN CAN VEHICLE BE SEEN?	OTHER INSURANCE ON VEHICLE - CARRIER / POLICY NUMBER
Business Hours	
<p>1. WAS A STANDARD CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) INSTALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT? <input type="checkbox"/> <input checked="" type="checkbox"/> Y N</p> <p>2. WAS THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) IN USE BY A CHILD DURING THE TIME OF THE ACCIDENT? <input type="checkbox"/> <input checked="" type="checkbox"/> Y N</p> <p>3. DID THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) SUSTAIN A LOSS AT THE TIME OF THE ACCIDENT? <input type="checkbox"/> <input checked="" type="checkbox"/> Y N</p>	

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AUTOMOBILE LOSS NOTICE - CONTINUED

ACORD 2 (2016/10)

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
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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?
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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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FRAUD WARNINGS - CONTINUED

ACORD 2 (2016/10)

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.

