

ACORD AUTOMOBILE LOSS NOTICE							Date		
Producer		Company	Miscellaneous Info (Site & Location code)			Policy Number		Cat #	
Southern Mutual Church Ins. Co.		Effective Date	Expiration Date	Date of Accident & time		<input type="checkbox"/> AM <input type="checkbox"/> PM	Previously Reported <input type="checkbox"/> Yes <input type="checkbox"/> No		
INSURED			CONTACT			<input type="checkbox"/> Contact Insured			
Name and Address of Insured				Name and Address of Insured					
Social Security # or FEIN:				Resident Phone	Business Phone (ext.)		Cell Phone		
LOSS									
Location of Accident (include City & State)				Authority Contacted:		Violations/Citations			
				Report #:					
Description of Accident (Use separate, if necessary)									
POLICY INFORMATION									
Bodily Injury (per accident)	Property Damage	Single Limit	Medical Payment	OTC Deductible	Other Coverage & Ded (UM, no-fault, towing, etc.)				
Loss Payee				Collision Ded					
INSURED VEHICLE									
Veh #	Year	Make:	Body Type:			Plate	State		
		Model:	V.I.N.:						
Owner's Name & Address						Residence Phone			
						Business Phone			
Driver's Name and Address <input type="checkbox"/> (Check if same as owner)						Residence Phone			
						Business Phone			
Relation to Insured (Employee, Family, etc.)		Date of Birth	Driver's License No.	State	Purpose of Use	Used with Permission? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe Damage		Estimate Amount	Where can Vehicle be seen?	When can Vehicle be seen?		Other Ins on Vehicle			
PROPERTY DAMAGE VEHICLE ? <input type="checkbox"/> YES <input type="checkbox"/> NO									
Describe Property (of auto, year, make, model, plate#)			Other Veh/Prop Ins? <input type="checkbox"/> Yes <input type="checkbox"/> No		Company or Agency :				
					Policy #:				
Owner's Name and Address						Residence Phone			
						Business Phone			
Others Driver's Name and Address <input type="checkbox"/> (Check if same as owner)						Residence Phone			
						Business Phone			
Describe Damage			Estimate Amount	Where can damage be seen?					
INJURED									
Name and Address				Phone (A/C, No)	Ped	Ins Veh	Oth Veh	Age	Extent of Injury
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WITNESSES OR PASSENGERS									
Name and Address				Phone (A/C, No)	Ins Veh	Other Veh	Other (specify)		
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
Remarks (include adjuster assigned)									
Reported By:			Signature of Producer						