



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY		INSURED LOCATION CODE: Bangalore	DATE OF LOSS AND TIME		AM PM
		CARRIER		NAIC CODE	
		POLICY NUMBER: 12356724			
CONTACT NAME: Hari		LINE OF BUSINESS:			
PHONE (A/C, No, Ext): 1234567890					
FAX (A/C, No):					
E-MAIL ADDRESS:hari@					
CODE: 533261	SUBCODE:				
AGENCY CUSTOMER ID: #1234567					

INSURED

NAME OF INSURED (First, Middle, Last)				INSURED'S MAILING ADDRESS			
DATE OF BIRTH	FEIN (if applicable)		MARITAL STATUS / CIVIL UNION (if applicable)				
PRIMARY PHONE #	<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

CONTACT CONTACT INSURED

NAME OF CONTACT (First, Middle, Last)				CONTACT'S MAILING ADDRESS			
PRIMARY PHONE #	<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL
WHEN TO CONTACT				PRIMARY E-MAIL ADDRESS:			
				SECONDARY E-MAIL ADDRESS:			

LOSS

LOCATION OF LOSS				POLICE OR FIRE DEPARTMENT CONTACTED			
STREET:							
CITY, STATE, ZIP:				REPORT NUMBER			
COUNTRY:							
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:							
DESCRIPTION OF ACCIDENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

INSURED VEHICLE

VEH #	YEAR	MAKE:	BODY TYPE:			PLATE NUMBER	STATE				
		MODEL:	V.I.N.:								
OWNER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as insured)				PRIMARY PHONE #	<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL
				PRIMARY E-MAIL ADDRESS:							
				SECONDARY E-MAIL ADDRESS:							
DRIVER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as owner)				PRIMARY PHONE #	<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL
				PRIMARY E-MAIL ADDRESS:							
				SECONDARY E-MAIL ADDRESS:							

RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION? (Y/N)
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DESCRIBE DAMAGE

1. WAS A STANDARD CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) INSTALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT?	<input type="checkbox"/>	<input type="checkbox"/>	Y / N	
2. WAS THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) IN USE BY A CHILD DURING THE TIME OF THE ACCIDENT?	<input type="checkbox"/>	<input type="checkbox"/>	Y / N	
3. DID THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) SUSTAIN A LOSS AT THE TIME OF THE ACCIDENT?	<input type="checkbox"/>	<input type="checkbox"/>	Y / N	
ESTIMATE AMOUNT:	WHERE CAN VEHICLE BE SEEN?:	WHEN CAN VEHICLE BE SEEN?:		
OTHER INSURANCE ON VEHICLE - CARRIER:		POLICY NUMBER:		

AGENCY CUSTOMER ID: _____

AGENCY CUSTOMER ID: _____

OTHER VEHICLE / PROPERTY DAMAGED

NON - VEHICLE?

VEH #	YEAR	MAKE:	BODY TYPE:				PLATE NUMBER	STATE
		MODEL:	V.I.N.:					
DESCRIBE PROPERTY (Other Than Vehicle)							OTHER VEH/PROP INS? (Y/N) <input type="checkbox"/>	
CARRIER OR AGENCY NAME		NAIC CODE	POLICY NUMBER					
OWNER'S NAME AND ADDRESS		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL			SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL			
DRIVER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as owner)		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL			SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL			
DESCRIBE DAMAGE								
ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?							

INJURED

NAME & 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"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
REPORTED BY	REPORTED TO				