



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY	INSURED LOCATION CODE: Bangalore	DATE OF LOSS AND TIME	AM PM
	CARRIER	NAIC CODE	
CONTACT NAME: Hari	POLICY NUMBER: 12356724		
PHONE (A/C, No, Ext): 1234567890	LINE OF BUSINESS:		
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 #	HOME	BUS	CELL	SECONDARY PHONE #	HOME	BUS	CELL
PRIMARY E-MAIL ADDRESS:							
SECONDARY E-MAIL ADDRESS:							

CONTACT

CONTACT INSURED							
NAME OF CONTACT (First, Middle, Last)			CONTACT'S MAILING ADDRESS				
PRIMARY PHONE #	HOME	BUS	CELL	SECONDARY PHONE #	HOME	BUS	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			PRIMARY PHONE #	HOME	BUS	CELL	SECONDARY PHONE #	HOME	BUS	CELL
			PRIMARY E-MAIL ADDRESS:							
			SECONDARY E-MAIL ADDRESS:							
DRIVER'S NAME AND ADDRESS			PRIMARY PHONE #	HOME	BUS	CELL	SECONDARY PHONE #	HOME	BUS	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)					
DESCRIBE DAMAGE										
1. WAS A STANDARD CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) INSTALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT?										
2. WAS THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) IN USE BY A CHILD DURING THE TIME OF THE ACCIDENT?										
3. DID THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) SUSTAIN A LOSS AT THE TIME OF THE ACCIDENT?										
ESTIMATE AMOUNT:	WHERE CAN VEHICLE BE SEEN?:			WHEN CAN VEHICLE BE SEEN?:						
OTHER INSURANCE ON VEHICLE - CARRIER:			POLICY NUMBER:							

OTHER VEHICLE / PROPERTY DAMAGED NON - VEHICLE? ☐ AGENCY CUSTOMER ID: _____
 AGENCY CUSTOMER ID: _____

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	
			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:		
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"/>		
		<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
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