

TRANSPORTATION LOSS NOTICE



			DATE REPORTED:	
CLAIM NO.			SUPERVISOR:	
TYPE POLICY:			POLICY NO.	
POLICY EFF. DATE	POLICY EXP. DATE	DATE & TIME OF LOSS		AM PM

INSURED

NAME & ADDRESS:	INSUREDS BUSINESS PHONE:	INSUREDS RESIDENCE PHONE:
CONTACT PERSON:		
CONTACTS BUSINESS PHONE:	CONTACTS HOME PHONE:	
WHERE TO CONTACT:	WHEN TO CONTACT:	

LOSS

LOCATION OF ACCIDENT:	AUTHORITY CONTACTED:	VIOLATIONS/CITATIONS:
DESCRIPTION OF ACCIDENT: (Use reverse side if necessary)		

INSURED VEHICLE

VEHICLE DESCRIPTION:		VIN#	LICENSE PLATE:
YEAR:	MAKE:	MODEL:	
OWNERS NAME & ADDRESS:		DRIVERS NAME & ADDRESS:	
PHONE:		PHONE:	
RELATIONSHIP TO THE INSURED:	DATE OF BIRTH:	DRIVERS LICENSE NO:	PURPOSE OF USE:
			USED WITH PERMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DAMAGE:	ESTIMATE AMOUNT:	WHERE CAN VEHICLE BE SEEN?	WHEN?
	\$		OTHER INSURANCE?

PROPERTY DAMAGE/OTHER PARTY- For additional writing space, see the back of this page.

DESCRIBE PROPERTY (If auto, year, make, model, plate no...)	VIN#	LICENSE PLATE:
OWNERS NAME & ADDRESS:	DRIVERS NAME & ADDRESS:	
PHONE:	PHONE:	
DESCRIBE DAMAGE:	ESTIMATE AMOUNT?	WHERE CAN DAMAGE BE SEEN?
	\$	

INJURED- For additional writing space see the back of this page.

NAME & ADDRESS:	PHONE:	PEDESTRIAN	INSURED VEHICLE:	OTHER VEHICLE	AG E	EXTENT OF INJURY:

WITNESSES OR PASSENGERS- For additional space see the back of this page

NAME & ADDRESS:	PHONE NO:	INS VEH.	OTHER VEH.	OTHER:

COMMENTS

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