



AUTOMOBILE LOSS NOTICE

12501 Old Columbia Pike - Silver Spring, MD 20904

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▷ **INSURED:**

CHURCH, SCHOOL OR OTHER:
CONFERENCE/MISSION:

CONTACT NAME:
CONTACT EMAIL:

CONTACT - HOME PHONE:
CONTACT - WORK PHONE:

▷ **LOSS INFORMATION:**

MONTH	DAY	YEAR	TIME	AM	PM
LOCATION OF ACCIDENT - ADDRESS:			CITY:	STATE:	ZIP CODE:
DATE REPORTED TO POLICE (MM/DD/YYYY):		POLICE REPORT NUMBER:	VIOLATIONS / CITATIONS:		
DESCRIPTION OF ACCIDENT/NATURE OF ACTIVITY (USE ADDITIONAL SHEET IF NECESSARY)					

▷ **INSURED VEHICLE:**

YEAR, MAKE, MODEL:	V.I.N. (LAST 5 DIGITS OF ID#):	
OWNER - FIRST NAME:	M.I.	LAST NAME:
ADDRESS:	CITY:	STATE: ZIP CODE:
DRIVER - FIRST NAME:	M.I.	LAST NAME:
ADDRESS:	CITY:	STATE: ZIP CODE:
RELATIONSHIP TO INSURED:	DATE OF BIRTH (MM/DD/YYYY):	PURPOSE OF VEHICLE USE:
DESCRIBE DAMAGE:	ESTIMATE AMOUNT:	WHERE CAN VEHICLE BE SEEN? - ADDRESS:
	CITY:	STATE: ZIP CODE:
		WAS DRIVER INJURED? YES NO
		USED WITH PERMISSION? YES NO

▷ **DAMAGED PROPERTY: FOR VEHICLE INFORMATION OTHER THAN ABOVE**

DESCRIBE PROPERTY (IF AUTO: YEAR, MAKE, MODEL, PLATE NO):					
INSURANCE COMPANY OR AGENCY NAME & POLICY # (IF ANY):					
OWNER - FIRST NAME:	M.I.	LAST NAME:	HOME PHONE:	WORK PHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:		
DRIVER - FIRST NAME:	M.I.	LAST NAME:	HOME PHONE:	WORK PHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:		
DESCRIBE DAMAGE:	ESTIMATE AMOUNT:	WHERE CAN VEHICLE BE SEEN? - ADDRESS:	CITY:	STATE:	ZIP CODE:
					WAS DRIVER INJURED? YES NO

▷ **PASSENGERS: USE ADDITIONAL SHEETS IF NECESSARY**

NAME:	M.I.	LAST NAME:	PHONE NUMBER:	INJURED?	YES	NO
ADDRESS:	CITY:	STATE:	ZIP CODE:			
NAME:	M.I.	LAST NAME:	PHONE NUMBER:	INJURED?	YES	NO
ADDRESS:	CITY:	STATE:	ZIP CODE:			
NAME:	M.I.	LAST NAME:	PHONE NUMBER:	INJURED?	YES	NO
ADDRESS:	CITY:	STATE:	ZIP CODE:			

▷ **WITNESSES: USE ADDITIONAL SHEETS IF NECESSARY**

NAME:	M.I.	LAST NAME:	PHONE NUMBER:		
ADDRESS:	CITY:	STATE:	ZIP CODE:		
NAME:	M.I.	LAST NAME:	PHONE NUMBER:		
ADDRESS:	CITY:	STATE:	ZIP CODE:		

▷ INCIDENT REPORTED BY:

DATE (MM/DD/YYYY):

▷ LOSS NOTICE COMPLETED BY:

DATE (MM/DD/YYYY):

▷ SIGNATURE OF INSURED'S AUTHORIZED REPRESENTATIVE:

DATE OF SIGNING (MM/DD/YYYY):