

AUTOMOBILE LOSS NOTICE		Date (MM/DD/YYYY)
Member/ Diocese#	Company/Code	Date of Loss
	Policy No./Certificate No.	Effective Dates
LP#		

INSURED

Name & Address	Contact Name	Primary Adjuster
	Phone No.	Reviewing Adjuster

LOSS

Location of Accident (Include City & State)	Authority Contacted	Violations/Citation
	Report No.	
Description of Accident		

POLICY INFORMATION

	Single Limit	Medical/PIP Limit	Comp. Deductible	(Rental, towing, etc.)
UIM/UM – Hired Auto			Collision Deductible	

INSURED VEHICLE

Year	Make	Body Type
	Model	VIN
Owner's Name and Address	Phone Number	
Driver's Name and Address	Phone Number	
Describe Damage	Relation to Insured (Employee, family, etc.)	
Coll/Comp Reserve Amount	Expense Reserve	Where Can Vehicle Be Seen?

PROPERTY DAMAGED VEHICLE?

Describe Property (If auto, year, make, Model, plate no.)	Company or Agency Name	
	Policy No.	
Owner's Name and Address	Residence Phone (A/C No.)	
	Business Phone (A/C No. Ext.)	
Describe Damage		
PD Reserve	Expense Reserve	Where Can Damage Be Seen?

INJURED

Name & Address	BI Reserve	Med/PIP Reserve	Legal Expense	Extent of Injury	SSN	DOB

REMARKS