



GKLL AUTO COLLISION LOSS NOTICE

ACCIDENT DATE: _____ CARRIER: _____ POLICY NO.: _____

BROKER INFORMATION: Who is REPORTING the claim?

AGENCY NAME: _____ CONTACT NAME: _____
PHONE: () _____ FAX () _____ EMAIL: _____
WHO REPORTED THE CLAIM TO YOU? NAME: _____ PHONE: _____

INSURED INFORMATION: Who is MAKING the claim?

INSURED NAME: _____ CONTACT NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: () _____ FAX: () _____ EMAIL: _____
Name of insured driver: _____ License No.: _____ DOB _____
Is the Insured driver: Owner/Named Insured _____ Employee _____ Other _____

ACCIDENT INFORMATION: Tell us about the auto accident.

Location of accident: _____ City: _____ State: _____
Describe how the accident happened: _____
Who was at fault for the accident: _____ Anyone injured? YES _____ NO _____
Police report: YES _____ NO _____ Report Number: _____ Police Dept.: _____

IDENTIFICATION OF VEHICLE(S) INVOLVED IN ACCIDENT:

Customer Vehicle: YEAR _____ MAKE _____ MODEL _____ LICENSE NO. _____
Name of Customer: _____ Telephone () _____
Address _____ City _____ State _____ Zip _____
DAMAGED AREA OF VEHICLE: Front _____ Rear _____ Left Side: _____ Right Side: _____ Top: _____ Underside: _____
Insurance Carrier for customer: _____ Policy No.: _____
Vehicle #2: YEAR _____ MAKE _____ MODEL _____ LICENSE NO. _____
Name of Driver _____ Telephone () _____
Address _____ City _____ State _____ Zip _____
DAMAGED AREA OF VEHICLE: Front _____ Rear _____ Left Side: _____ Right Side: _____ Top: _____ Underside: _____
Insurance carrier: _____ Policy No. _____

FOR CALIFORNIA CLAIMS

FOR YOUR PROTECTION, CALIFORNIA LAW (INSURANCE CODE SECTION 1871.2) REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON. EVERY PERSON WHO VIOLATES ANY PROVISION OF INSURANCE CODE SECTION 1871.4 (a) IS PUNISHABLE UP TO FIVE YEARS IN THE STATE PRISON OR BY A FINE NOT EXCEEDING \$50,000 OR BY BOTH.

FOR ARIZONA CLAIMS

FOR YOUR PROTECTION, ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.