



# AUTO ACCIDENT 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 \_\_\_ Test Driver \_\_\_ 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:**

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

**FOR ADDITIONAL VEHICLES, ATTACH ANOTHER ONE OF THESE FORMS!**

**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.**