



AUTOMOBILE LOSS NOTICE

Date
(mm/dd/yy)

Producer	Company	Effective Date	Date of Accident
Phone number	Policy Number	Expiration Date	Time
			AM PM

Insured		Contact	
Name and address of insured	Residence Phone	Name and address of insured:	Residence Phone
	Business Phone		Business Phone

Loss		
Location of accident (include city and state):	Authority contacted:	Violations/citations:
	Report #:	
Description of accident:		

Policy Information					
Bodily injury (per person)	Bodily injury (per accident)	Property Damage	Single Limit	Medical Payment	Other coverage & deductibles (UM, no-fault, towing, etc)
Loss Payee			OTC Deductible	Collision Deductible	

Insured Vehicle		
Veh. #	Make:	Body Type:
		Plate Number:
Year	Model:	V.I.N.:
		State
Owner's name and address:		Residence Phone (A/C, No.)
		Business (A/C, No., Ext.)

Driver's name and address:			Residence Phone (A/C, No.)					
Check if same as owner			Business (A/C, No., Ext.)					
Relation to insured (employee, family, etc.)	Purpose of use	Used with permission? Yes No	Other insurance on vehicle	Where can vehicle be seen?	Estimate amount			
Describe damage								
Property Damaged								
Describe property (if auto, year, make, model, plate #):		Other veh/prop ins? Yes No		Company or agency name:				
				Policy #:				
Owner's name and address:			Residence Phone (A/C, No.)					
			Business (A/C, No., Ext.)					
Other driver's name and address:			Residence Phone (A/C, No.)					
			Business (A/C, No., Ext.)					
Check if same as owner								
Describe damage		Estimate amount		Where can damage be seen?				
Injured								
Name and Address		Phone (A/C, No.)		Ped	Ins. Veh.	Oth. Veh.	Age	Extent of injury
Witnesses or Passengers								
Name and Address			Phone (A/C, No.)		Ins. Veh.	Oth. Veh.	Other (specify)	
Remarks								
Reported by					Reported to			

Applicable in Arizona: 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.

Applicable in Arkansas, Kentucky, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania, and Virginia: Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. which is a crime, subject to criminal prosecution and [NY: substantial civil penalties. In Maine and Virginia, insurance benefits may also be denied.

Applicable in California: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho: Any person who knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*
* In Florida - Third Degree Felony

Applicable in Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire: Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.