



# Notice of Loss/Accident

Claim #

## Member

|                |  |                                       |       |
|----------------|--|---------------------------------------|-------|
| Name of Member |  | Member Claim Number - <i>Optional</i> |       |
| Member Address |  | Person to Contact                     | Phone |

## Loss

|              |          |          |            |           |
|--------------|----------|----------|------------|-----------|
| Date of Loss | AM<br>PM | Location | Dept. Code | Div. Code |
|--------------|----------|----------|------------|-----------|

Description of Loss - Do Not Use "See Attached"

## Injuries - If Any

| Name and Address | Age | Phone | Injury | Your Veh. (Yes/No) | Other Veh. (Yes/No) |
|------------------|-----|-------|--------|--------------------|---------------------|
|                  |     |       |        |                    |                     |
|                  |     |       |        |                    |                     |

## Your Property Damage - If Any (Non-Auto)

|                                   |                 |
|-----------------------------------|-----------------|
| Property Description and Location | Describe Damage |
|-----------------------------------|-----------------|

## Property Damage of Others - If Any (Non-Auto)

|                                   |                 |
|-----------------------------------|-----------------|
| Property Description and Location | Describe Damage |
| Owner Name and Address            | Phone           |

## Witnesses - If Any

| Name and Address | Phone | Location (Specify) |
|------------------|-------|--------------------|
|                  |       |                    |
|                  |       |                    |

## If This Is An Auto Accident, Complete Section Below

|                                   |        |                        |                          |
|-----------------------------------|--------|------------------------|--------------------------|
| Member Vehicle, Year, Make, Model |        | License #              | Vin. #                   |
| Driver's Name and Address         |        | Age                    | Phone (Hm)<br>Phone (Wk) |
| Describe Damage                   |        | Where can car be seen? | Unit #                   |
| Police Investigation? Yes No      | Agency | Officer                |                          |
| Other Vehicle, Year, Make, Model  |        | License #              | Insurance Carrier        |
| Owner Name and Address            |        | Age                    | Phone (Hm)<br>Phone (Wk) |
| Driver Name and Address           |        | Age                    | Phone (Hm)<br>Phone (Wk) |
| Describe Damage                   |        | Where can car be seen? |                          |

## Additional Information

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|       |              |              |            |
|-------|--------------|--------------|------------|
| Date: | Reported By: | Reported To: | Signature: |
|-------|--------------|--------------|------------|