

**NOTICE OF LOSS**

(COMPLETE & SIGN ALL PAGES)

Claim # \_\_\_\_\_

THIS INSTRUMENT IS INTENDED TO CONSTITUTE NOTICE OF LOSS AND ADVICE OF CLAIM PROOFS OF LOSS TO BE FILED IN DUE COURSE ALL IN CONFORMITY WITH THE PROVISIONS OF THE INSURANCE POLICY DESCRIBING THE AUTOMOBILE MENTIONED HEREIN.

IS THE INVOLVED VEHICLE FINANCED?	WHAT IS YOUR FULL NAME AND	KIND OF LOSS
<input type="checkbox"/> YES <input type="checkbox"/> NO	ADDRESS?	
LOAN ACCOUNT # _____		
LIENHOLDER NAME & ADDRESS:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**STATE BELOW, IN COMPLETE DETAIL,** FACTS AND CIRCUMSTANCES ATTENDING THE LOSS:

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DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**NAME AND DESCRIBE PARTS DAMAGED OR STOLEN:**

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1. DATE OF LOSS \_\_\_\_\_ EXACT HOUR OF LOSS \_\_\_\_\_

2. YEAR & MAKE OF CAR \_\_\_\_\_ MILEAGE DRIVEN \_\_\_\_\_

3. SERIAL NO. \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

4. DATE PURCHASED \_\_\_\_\_ NEW  USED

5. COST OF CAR \_\_\_\_\_ CASH DOWN PAYMENT \$ \_\_\_\_\_

TRADE IN ALLOWANCE \$ \_\_\_\_\_

6. IS THERE ANY LIEN OR MORTGAGE ON THE CAR?  YES  NO IF SO, DESCRIBE FULLY. \_\_\_\_\_

7. IS THERE ANY OTHER INSURANCE OF THE CAR?  YES  NO  
IF SO, DESCRIBE FULLY. PLEASE INCLUDE NAME & ADDRESS OF COMPANIES: \_\_\_\_\_

8. EXACT LOCATION OF CAR AT TIME OF LOSS. \_\_\_\_\_

9. NAME AND ADDRESS OF PARTY IN CHARGE OF CAR AT TIME OF LOSS. \_\_\_\_\_

10. WHERE WAS PARTY IN CHARGE OF CAR AT TIME OF LOSS? \_\_\_\_\_

11. NAMES AND ADDRESSES OF WITNESSES AND/OR PERSONS WITH PARTY IN CHARGE OF CAR. \_\_\_\_\_

12. IF CAR NOT OPERATED BY OWNER, HOW DID PARTY IN CHARGE OF CAR ACQUIRE POSSESSION? \_\_\_\_\_

13. IF NOT OPERATED BY OWNER, WAS USE OF CAR BY PERMISSION OF OWNER? \_\_\_\_\_

14. FOR WHAT PURPOSE WAS CAR BEING USED AT TIME OF LOSS? \_\_\_\_\_

15. IF CAR WAS IN USE AT TIME OF LOSS, GIVE STARTING POINT DESTINATION AND OBJECT OF TRIP. \_\_\_\_\_

16. IF THEFT LOSS, WERE POLICE NOTIFIED?  YES  NO WHAT STATION? \_\_\_\_\_

17. DATE AND TIME POLICE NOTIFIED. \_\_\_\_\_

18. HOW AND BY WHOM WERE POLICE NOTIFIED? \_\_\_\_\_

19. IF THEFT LOSS, WERE DOORS LOCKED?  YES  NO WERE KEYS IN CAR:  YES  NO

KEY IN IGNITION?  YES  NO TRANSMISSION IN PARK?  YES  NO STEERING WHEEL LOCKED?  YES  NO

20. IF ENTIRE CAR STOLEN AND RECOVERED, WHERE LOCATED WHEN RECOVERED? \_\_\_\_\_

21. WHEN WAS CAR RECOVERED? \_\_\_\_\_
22. HOW WAS CAR RECOVERED? \_\_\_\_\_
23. BY WHOM WAS CAR RECOVERED? \_\_\_\_\_
24. EXACT PRESENT LOCATION OF CAR. \_\_\_\_\_
25. AFTER LOSS WAS CAR PROMPTLY PROTECTED FROM FURTHER LOSS OR DAMAGE?  YES  NO IF SO, STATE HOW?  
 \_\_\_\_\_

26. CONDITION OF CAR PRIOR TO LOSS? (GOOD, FAIR, POOR)      MOTOR \_\_\_\_\_ TRANSMISSION \_\_\_\_\_

BODY \_\_\_\_\_ UPHOLSTERY \_\_\_\_\_ PAINT \_\_\_\_\_ FENDERS \_\_\_\_\_

TIRES : \_\_\_\_\_ MAKE OF TIRES: \_\_\_\_\_ MILEAGE USED: \_\_\_\_\_

LEFT FRONT \_\_\_\_\_ RIGHT FRONT \_\_\_\_\_ LEFT REAR \_\_\_\_\_ RIGHT REAR \_\_\_\_\_

LIST SPECIAL EQUIPMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT THE FURNISHING OF THIS BLANK BY AN ADJUSTER OR AGENT OF THE INSURER IS NOT A WAIVER OF PROOF OF LOSS OR OF ANY RIGHTS OF THE INSURER.**

THE SAID LOSS AND/OR ACCIDENT WAS NOT CAUSED BY DESIGN OR PROCUREMENT ON THE PART OF THE INSURED OR THIS AFFIANT. NOTHING HAS BEEN DONE BY, OR WITH THE PRIVITY OR CONSENT OF THE INSURED OR THIS AFFIANT TO VIOLATE THE CONDITIONS OF THE POLICY OR RENDER IT VOID. NO ARTICLES ARE MENTIONS HEREIN OR IN ANNEXED SCHEDULES BUT WHICH WERE DAMAGED OR DESTROYED OR STOLEN AND WHICH BELONGED TO SAID AUTOMOBILE AND WERE IN CUSTODY OR CONTROL OF INSURED WHEN SUCH ACCIDENT OCCURRED. NO PROPERTY SAVED HAS BEEN IN MANNER CONCEALED AND NO ATTEMPT TO DECEIVE THE INSURER AS TO THE EXTENT OF SAID LOSS OR OTHERWISE HAS IN ANY MANNER BEEN MADE. SAID AUTOMOBILE HAS NOT BEEN USED FOR CARRYING PASSENGERS FOR COMPENSATION, OR RENTED, OR LEASED UNLESS OTHERWISE PERMITTED OR OPERATED IN ANY RACE OR SPEED CONTEST DURING THE TERM OF THIS POLICY AND HAS BEEN USED FOR THE FOLLOWING PURPOSES ONLY.

THIS STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY AND/OR FRAUD.  
 ANY OTHER INFORMATION THAT MAY BE REQUIRED WILL BE FURNISHED ON CALL.

SIGNATURE OF INSURED \_\_\_\_\_

WITNESS:

SIGNATURE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_