

AUTOMOBILE LOSS NOTICE:

If this is a claim emergency, contact: 330.782.8068 and hold for an operator to assist you!

Date Reported: _____ Policy # _____

Insured Name: _____ Contact Person: _____

Contact Email Address & Phone No: _____

Date of Accident : _____

Location of Accident, include Street, City, State: _____

Description of Accident: _____

Authority or Police Department Notified Y/N ____ If so, Report # _____

Insured Vehicle: Yr/Make/Model : _____

Driver Name & Address: _____

Describe Damage: _____

Where can insured vehicle be seen? _____

Property Damaged:

Describe Property (If auto Yr/Make/Model) _____

Describe Damage: _____

Owner's Name, Address & Phone: _____

Driver's Name, Address & Phone: Ck if same as owner: _____

Injured:

Name, Address & Phone: _____

List any Witnesses or Passengers and indicate where this person was located at time of accident:

Name, Address & Phone: _____
