

## **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, Year/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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_