

# ACCIDENT NOTICE

 **AUTOMOBILE**
 **OTHER LIABILITY**

<b>BROKER/AGENT</b>	1 AGENT OR BROKER NAME AND ADDRESS		(FOR COMPANY USE)		CLAIM NO.	
	2 TELEPHONE NO.		BROKER/AGENCY CODE		INSURER	
<b>INSURED</b>	3 POLICY NO. (INCLUDING PREFIX)		POLICY DATES		PREVIOUSLY REPORTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	4 NAME OF INSURED (AS STATED IN THE POLICY)		FROM D M Y TO D M Y		REPORTED TO ADJUSTER <input type="checkbox"/> INSURER <input type="checkbox"/>	
	5 ADDRESS		RESIDENCE PHONE		BUSINESS PHONE	
6 WHERE CAN INSURED BE CONTACTED WHEN						
<b>ACCIDENT</b>	7 DATE AND TIME OF LOSS OR ACCIDENT		LOCATION OF LOSS OR ACCIDENT (INCLUDE TOWN AND PROVINCE)		POLICE INVESTIGATION BY:	
	WEATHER CONDITIONS		ROAD CONDITIONS		INSURED'S SPEED AND DIRECTION	
	DESCRIPTION OF ACCIDENT OR LOSS				CLAIMANT'S SPEED AND DIRECTION	
<b>COVERAGES</b>	9 BODILY INJURY		PROPERTY DAMAGE		INCLUSIVE LIMIT	
	10 LOSS PAYEE		OTHER COVERAGES (TOWING, PRODUCT LIABILITY, PERSONAL INJURY, ETC.)			
<b>INSURED VEHICLE</b>	11 VEH. NO. YEAR, MAKE AND MODEL		SERIAL NO.		LIC. NO. OTHER INSURANCE	
	12 NAME OF OWNER (CHECK IF SAME AS NAME OF INSURED)		ADDRESS (CHECK IF SAME AS INSURED)		PHONE NO. (RES./BUS.)	
	13 NAME OF DRIVER (CHECK IF SAME AS OWNER)		ADDRESS (CHECK IF SAME AS OWNER)		PHONE NO. (RES./BUS.)	
	14 RELATIONSHIP TO INSURED (EMPLOYEE, FAMILY)		AGE BIRTHDATE		DRIVER'S LIC. NO. YRS. LIC. PURPOSE VEH. USED	
	15 DESCRIPTION OF DAMAGE		REPAIR ESTIMATE		WHERE CAN VEHICLE BE INSPECTED? WHEN	
<b>PROPERTY DAMAGE</b>	16 OWNER		ADDRESS		PHONE NO.	
	17 OTHER DRIVER (CHECK IF SAME AS OWNER)		ADDRESS (CHECK IF SAME AS OWNER)		PHONE NO.	
	18 DESCRIBE PROPERTY (IF AUTO, MAKE, YR. AND SERIAL NO.)		OTHER VEH. OR PROPERTY INSURED		REPAIR ESTIMATE	
<b>INJURED</b>	19 NAME AND ADDRESS		PHONE NO. PEDEST.		EXTENT OF INJURY	
	20 OCCUPATION		EMPLOYED BY		RELATIONSHIP TO INSURED? EMPLOYEE, CUSTOMER, ETC.	
<b>CLAIMANT</b>	21 PROBABLE DISABILITY		RETURNED TO WORK		REASON FOR BEING ON PREMISES	
	22 NAME AND ADDRESS		PHONE		INSURED VEHICLE OTHER VEHICLE PEDEST.	
<b>WITNESS</b>	23 NAME AND ADDRESS		PHONE			
	24 REMARKS/ADDITIONAL INFORMATION					
<b>ADJUSTER</b>	25 THIS CLAIM HAS BEEN ASSIGNED TO THE FOLLOWING ADJUSTER:				REPORTED BY	
	NAME FIRM ADDRESS TEL. NO.				DATE	