

ACCIDENT NOTICE

 AUTOMOBILE
 OTHER LIABILITY

BROKER/AGENT	1 AGENT OR BROKER NAME AND ADDRESS		(FOR COMPANY USE)		CLAIM NO.	
	2 TELEPHONE NO.		BROKER/AGENCY CODE		INSURER	
INSURED	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		MISCELLANEOUS INFORMATION ETC.	
ACCIDENT	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		INSURED'S SPEED AND DIRECTION		CLAIMANT'S SPEED AND DIRECTION	
COVERAGES	9 BODILY INJURY		PROPERTY DAMAGE		INCLUSIVE LIMIT	
	10 LOSS PAYEE		MEDICAL/REHABILITATION		ALL PERILS OR COLLISION DED.	
INSURED VEHICLE	11 VEH. NO.		YEAR, MAKE AND MODEL		SERIAL NO.	
	12 NAME OF OWNER (CHECK IF SAME AS NAME OF INSURED)		ADDRESS (CHECK IF SAME AS INSURED)		LIC. NO.	
	13 NAME OF DRIVER (CHECK IF SAME AS OWNER)		ADDRESS (CHECK IF SAME AS OWNER)		OTHER INSURANCE	
	14 RELATIONSHIP TO INSURED (EMPLOYEE, FAMILY)		AGE		BIRTHDATE	
	15 DESCRIPTION OF DAMAGE		REPAIR ESTIMATE		WHERE CAN VEHICLE BE INSPECTED?	
PROPERTY DAMAGE	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		NAME OF AGENT OR INSURER AND POLICY NO.	
INJURED	19		REPAIR ESTIMATE		WHERE CAN VEH. BE SEEN?	
	20 NAME AND ADDRESS		PHONE NO.		EXTENT OF INJURY	
CLAIMANT	21 OCCUPATION		EMPLOYED BY		RELATIONSHIP TO INSURED? EMPLOYEE, CUSTOMER, ETC.	
	22 PROBABLE DISABILITY		RETURNED TO WORK		REASON FOR BEING ON PREMISES	
WITNESS	23 NAME AND ADDRESS		PHONE		INSURED VEHICLE	
	24 REMARKS/ADDITIONAL INFORMATION				OTHER VEHICLE	
ADJUSTER	25 THIS CLAIM HAS BEEN ASSIGNED TO THE FOLLOWING ADJUSTER:		REPORTED BY		DATE	
	NAME		BROKER/AGENCY SIGNATURE		D M Y	
FIRM		DATE & TIME ASSIGNED:				
ADDRESS						
TEL. NO.						