



# Notice of Loss

## Policy Holder:

Policy name:	
Policy number:	
Contact name:	
Contact phone number:	
Contact email:	
When to contact:	

## Description of Incident:

Date:	Time:	AM PM
Street:		
City:	State:	
Description:		

## Rental Vehicle:

Driver name:			
Driver address:			
Driver phone number:			
Driver's license number:			
Driver date of birth:			
Driver email:			
Relationship to Insured:			
Purpose of use:			Used with Permission Yes No
Make:	Model:		
Body Type:	Year:		
VIN:			
License Plate Number:			
Current location:			
Is the vehicle drivable?	Yes	No	
Description of damage:			

## Other Vehicle/Property Damaged:

Driver name:			
Driver address:			
Driver phone number:			
Driver email:			
Make:	Model:		
Body type:	Year:		
VIN:			
License Plate Number:			
Current location:			
Is the vehicle drivable?	Yes	No	
Description of damage:			

## Other Vehicle:

Driver name:			
Driver address:			
Driver phone number:			
Driver email:			
Make:	Model:		
Body type:	Year:		
VIN:			
License Plate Number:			
Current location:			
Is the vehicle drivable?	Yes	No	
Description of damage:			

## Injured Party:

Name:	
Address:	
Phone number:	
Email:	
Description of injuries:	

## Witness:

Name:	
Address:	
Phone number:	
Email:	
Other Pertinent Information:	

## Witness:

Name:	
Address:	
Phone number:	
Email:	
Other Pertinent Information:	

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_