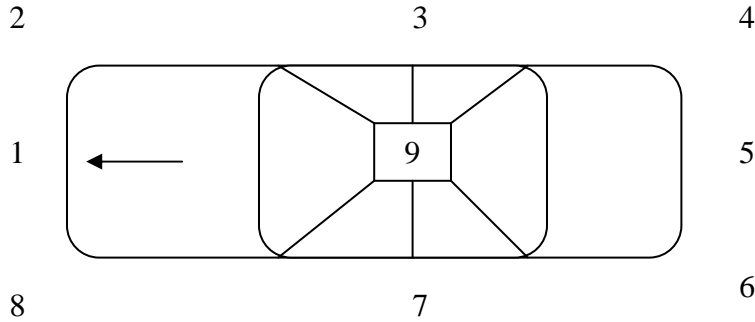


# AUTOMOBILE LOSS NOTICE      FAX

Vehicle Damaged Area

(circle up to three)



- 0 None
- 10 Undercarriage
- 11 Totaled
- 97 Other
- 99 Unknown



## Description of What Happened:

Location of Accident

Date & Time


Contact Insured's Name & Auto Policy Number

Contact Insured's Phone Number

PLATE TYPE	REGISTRATION NUMBER	<b>Other Vehicle's Information:</b>	
		NAME(S) OF OWNER(S) AND MAILING ADDRESS	
MFRS MODEL YEAR	MAKE	MODEL STYLE/TYPE	
VEHICLE IDENTIFICATION NUMBER		INSURANCE COMPANY	

DRIVER'S LICENSE NUMBER	DRIVER'S NAME AND ADDRESS	DATE OF BIRTH
-------------------------	---------------------------	---------------

SIGNATURE OF THE INSURED	PRINT NAME	DATE
--------------------------	------------	------