AUTOMOBILE LOSS NOTICE						Date (MM/	Date (MM/DD/YYYY				
Member/		Company/Code				Date of Los	Date of Loss				
Diocese#  LP#		Policy No./Certificate No.				Effortive D	Effective Dates				
		roncy No./Ceruncate No.				Effective D	Effective Dates				
INSURED		<u> </u>				<b>:</b>					
Name & Address			<u>-</u>	Contact	Name	:	Primary	Adjuster			
-											
				Phone N	lo.		Reviewir	ng Adjuster			
LOSS			<del></del>								
Location of Accident (Include City & State)	Location of Accident Authority (Include City & State) Contacted					Violations/Citation					
Report No.											
Description of			<del>-</del>								
Accident											
DOLLOW INFORMAT	TON										
POLICY INFORMATION Single Limit Medical/PIP					t Comp. Deductible		(Rental, towing, etc.)				
	Single Limit						(Rental, to wing, etc.)				
UIM/UM – Hired Auto			- <u>:</u>		Collision	n Deductible					
Olwi Ow - Three Auto					Comsion	ii Deductible					
INSURED VEHICLE					<u>:</u>		<u>:</u>				
Year Make					Body Type						
Model					VIN						
Owner's Name and Address					Phone Number						
Driver's Name					Phone Number						
and Address											
Describe Damage					Relation to Insured						
Describe Damage					(Employee, family, etc.)						
Coll/Comp Reserve Amount Expense Reserve Where Can Vehicle Be Seen?											
PROPERTY DAMAG	ED VEHIC	LE?									
Describe Property (If auto, year, make,					Company or						
Model, plate no.)					Agency Name Policy No.						
Owner's Name and Address					Residence Phone (A/C No.)						
						Business P					
Describe Damage (A/C No. Ext.)											
DD Dogor	E	<u>-</u>	Whoma Carr								
PD Reserve	Expense Reser		Where Can Damage Be Seen	?							
INJURED											
Name & Address	BI Re	serve	Med/PIP Reserv	e Lega	ıl Expense	Extent of Inju	ıry	SSN	DOB		
	<u>:</u>						<del>-</del>		:		
							:		:		

## REMARKS