COMMONWEALTH OF VIRGINIA

Automobile Loss Notice Form

INJURY TO PEOPLE: TELEPHONE IMMEDIATELY if possibility of injury exists (No matter how minor).
DAMAGE TO PROPERTY: IF SERIOUS, (Vehicle Disabled) TELEPHONE IMMEDIATELY
OTHER: If vehicle is insured for collision and disabled due to damage - TELEPHONE IMMEDIATELY.

If claim is under Comprehensive, Fire or Theft, only sections marked with * need to be completed

DO NOT DISCUSS ACCIDENT WITH ANY ONE EXCEPT COMPANY REPRESENTATIVE OR POLICE.

*POLICY-HOLDER					
NAME					
ADDRESS:	STREET	CITY	STATE	ZIP CODE	PHONE NUMBER

*TIME AND PLACE OF ACCIDENT							
DATE OF ACCIDENT	HOUR	A.M. P.M.	LOCATION	STREET OR HIGHWAY	CITY	COUNTY	STATE

STATE AGENCY OR COMMUNITY SERVICES BOARD as insureds USE ONLY

MAKE OF AUTO	YEAR	BODY TYPE	VEHICLE IDENTIFICATION NUMBER	IF TRAILER, SERIAL NUMBER

NAME OF OWNER OR LEASING COMPANY	ADDRESS:	STREET	CITY	STATE	ZIP CODE
NAME OF DRIVER	ADDRESS:	STREET	CITY	STATE	ZIP CODE

DRIVER'S DATE OF BIRTH	DRIVER'S LICENSE NUMBER	WAS LICENSE IN EFFECT AT THE TIME OF ACCIDENT?

WAS AUTO BEING OPERATED FOR BUSINESS OR PLEASURE? ☐ BUSINESS ☐ PLEASURE	WHO GAVE PERMISSION?	WAS THE AUTO BEING USED FOR ERRAND FOR OWNER?

DESCRIBE PARTS DAMAGED AND EXTENT OF DAMAGE (NOTE: BY TERMS OF YOUR POLICY THE COMPANY MUST BE GIVEN REASONABLE OPPORTUNITY TO EXAMINE AUTO BEFORE REPAIRS ARE MADE) (IF GLASS DAMAGE, SEE REVERSE SIDE)

WHERE MAY AUTO BE SEEN?	ESTIMATED COST OF REPAIRS	WHERE IS THE VEHICLE NORMALLY GARAGED? (CITY & STATE)

OTHER AUTO INVOLVED

MAKE OF AUTO	YEAR	LICENSE NUMBER	ESTIMATED COST OF REPAIRS

PARTS DAMAGED AND EXTENT OF DAMAGE

NAME OF OWNER	ADDRESS:	STREET	CITY	STATE	ZIP CODE	PHONE NUMBER
NAME OF DRIVER	ADDRESS:	STREET	CITY	STATE	ZIP CODE	PHONE NUMBER

IS AUTO INSURED? ☐ YES ☐ NO	NAME OF INSURANCE COMPANY

PASSENGERS

NAMES OF PASSENGERS IN YOUR AUTO	ADDRESSES:	STREET	CITY	STATE	ZIP CODE

NAMES OF PASSENGERS IN OTHER AUTO	ADDRESSES:	STREET	CITY	STATE	ZIP CODE

INJURIES (No Matter How Minor)

NAMES OF PERSONS INJURED	ADDRESSES	INJURIES	AGE

IN WHICH AUTO WERE INJURED RIDING

NAME OF DOCTOR OR HOSPITAL	ADDRESS:	STREET	CITY	STATE	ZIP CODE

PROPERTY DAMAGE OTHER THAN AUTO	NAME OF OWNER	ADDRESS: STREET	CITY	STATE	ZIP CODE
	KIND OF PROPERTY				
	ESTIMATED COST OF REPAIR	WHERE MAY PROPERTY BE SEEN?			

*WITNESSES	NAMES	ADDRESSES: STREET	CITY	STATE	ZIP CODE	PHONE NUMBERS

DESCRIPTION OF ACCIDENT

ON WHAT STREET OR ROAD WERE YOU DRIVING?	DIRECTION	SPEED	STREET OR ROAD OTHER AUTO WAS DRIVING ON?	DIRECTION	SPEED

WERE YOUR LIGHTS ON? ☐ YES ☐ NO ☐ BRIGHT ☐ DIM	WERE THE OTHER AUTO'S LIGHTS ON? ☐ YES ☐ NO ☐ BRIGHT ☐ DIM	WHAT TRAFFICONTROLS?	FOR WHOM?	SPEED LIMIT

DID EITHER DRIVER GIVE SIGNAL OF ANY KIND? ☐ YES ☐ NO IF YES, WHO?	IF INTERSECTION, WHO ENTERED FIRST?	WHO HAD RIGHT OF WAY?

WHICH DRIVER VIOLATED TRAFFIC ORDINANCE?	CHARGE:	DID POLICE INVESTIGATE ACCIDENT? ☐ YES ☐ NO	POLICE ADDRESS?

DESCRIBE, IN YOUR OWN WORDS, HOW ACCIDENT HAPPENED:

SHOW ON THE DIAGRAM THE POSITION OF ALL AUTOS, PERSONS, STOP LIGHTS, STOP SIGNS AND OTHER OBJECTS, SHOW STREET NAMES

1 MY AUTO
2 OTHER AUTO
3 THIRD AUTO
PEDESTRIAN
STOP SIGN
YIELD SIGN
STOP LIGHT

***GLASS BREAKAGE**

NOTE: By terms of your policy, the company must be given reasonable opportunity to examine auto before repairs are made.

LOCATION OF BREAKAGE
☐ DOOR ☐ VENT ☐ REAR ☐ WINDSHIELD ☐ OTHER, DESCRIBE

TYPE OF GLASS ☐ TINTED ☐ SAFETY ☐ CLEAR ☐ PLATE	TYPE OF BREAK ☐ SHATTERED ☐ CRACKED ☐ BULL'S EYE (◎) ☐ CHIPPED OR PITTED ☐ HALF MOON (◦))

WINDSHIELD DAMAGE: CHECK ITEMS ABOVE AND MARK LOCATION ON DIAGRAM:

DO YOU THINK A CLAIM WILL BE MADE AGAINST YOU? ☐ YES ☐ NO ☐ UNCERTAIN	BY WHOM?
DATE OF REPORT	SIGNATURE