



# BWD GROUP LLC

## AUTOMOBILE LOSS NOTICE

DATE OF LOSS (MM/DD/YY)

TIME \_\_\_\_\_  AM  PM

### INSURED

NAME

ADDRESS

HOME PHONE

BUSINESS PHONE

CELLULAR

FAX

EMAIL ADDRESS

### LOSS

LOCATION OF ACCIDENT

WEATHER CONDITIONS

DESCRIPTION OF LOSS & DAMAGE (USE REVERSE SIDE , IF NECESSARY)

### INSURED VEHICLE

VEH. NO. YEAR, MODEL

V.I.N. (VEHICLE IDENTIFICATION)

PLATE NO.

OWNER'S NAME & ADDRESS

PHONE (A/C no., ext.)

DRIVER'S NAME & ADDRESS (check if same as owner)

RESIDENCE PHONE (A/C no., ext.)

BUSINESS PHONE (A/C no., ext.)

RELATION TO INSURED (Employee, family, etc.)

DATE OF BIRTH

DRIVER'S LICENCE NUMBER

PURPOSE OF USE

USED WITH PERMISSION?

YES

NO

DESCRIBE DAMAGE

ESTIMATE AMOUNT

\$

WHERE CAN VEHICLE BE SEEN?

WHEN?

OTHER INSURANCE ON VEHICLE

### VEHICLE

DESCRIBE PROPERTY (if auto, year, make, model, plate no.)

INSURANCE CARRIER

POLICY NO.

OWNER'S NAME & ADDRESS

BUSINESS PHONE (A/C no., ext.)

RESIDENCE PHONE (A/C no., ext.)

OTHER DRIVER'S NAME & ADDRESS (check if same as owner)

BUSINESS PHONE (A/C no., ext.)

RESIDENCE PHONE (A/C no., ext.)

DESCRIBE DAMAGE

ESTIMATE AMOUNT

\$

**INJURED PERSONS (USE REVERSE SIDE IF NECESSARY)**

<b>NAME (1)</b>	<b>HOME PHONE</b>
<b>ADDRESS</b>	<b>INJURY</b>
<b>NAME (2)</b>	<b>HOME PHONE</b>
<b>ADDRESS</b>	<b>INJURY</b>

**WITNESS**

<b>NAME (1)</b>	<b>ADDRESS</b>	<b>PHONE</b>
<b>NAME (2)</b>	<b>ADDRESS</b>	<b>PHONE</b>

**POLICE**

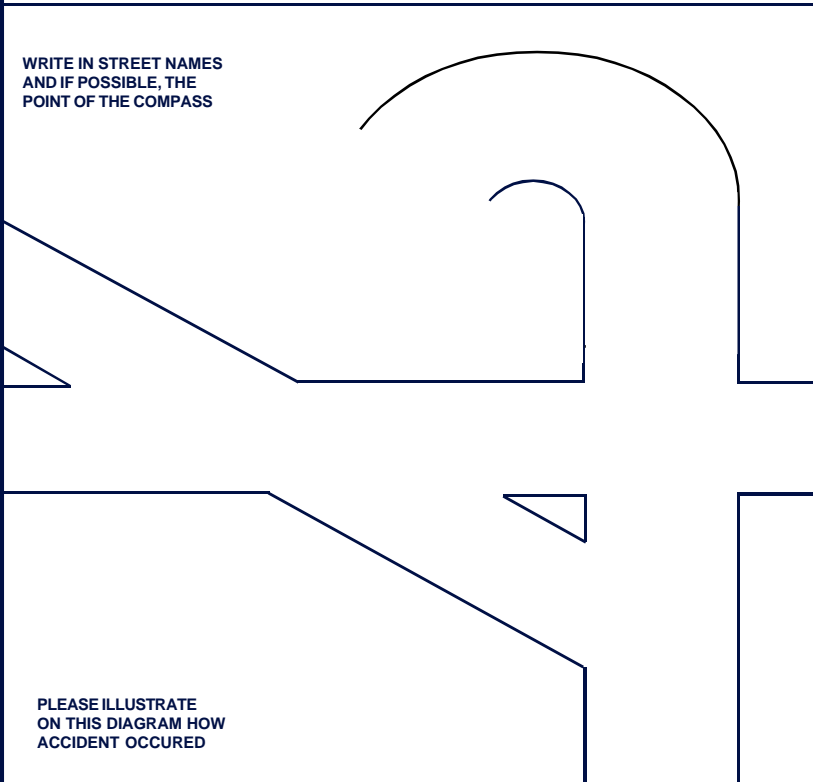
<b>POLICE/PRECINCT REPORT #</b>	<b>PRECINCT PHONE</b>	<b>AMBULANCE REPORT #</b>
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**DRIVER'S DESCRIPTION OF ACCIDENT**

(Must be completed in detail)

Sign Here \_\_\_\_\_

When and where can driver most conveniently seen? \_\_\_\_\_

<p>WRITE IN STREET NAMES AND IF POSSIBLE, THE POINT OF THE COMPASS</p>  <p>PLEASE ILLUSTRATE ON THIS DIAGRAM HOW ACCIDENT OCCURED</p>	<p><b>ADDITIONAL REMARKS</b></p>
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