



NOTICE OF:

- OCCURRENCE
 CLAIM

Client Information		Policy Information					
Entity		Policy Number		Policy Term			
Address		Coverages/Limits					
City	State					Zip	
Phone	County						
Contact Person/Title		Deductibles					
Agent/Phone		Lien Holders/Loss Payees					
Occurrence Information							
Occurrence Date	Location [Include City, County, State]			Client Notified	Agent Notified		
Description of Occurrence							
Police/Fire Department Contacted [** Police Report Must Be Attached to This Form **]							
Client Vehicle Loss Information							
Year/Make/Model			VIN [Vehicle Identification]				
Drivers Name/Address				Home Phone	Work Phone		
Describe Damage		Estimate Amount	Where Can Vehicle Be Seen?				
Client Property Loss Information							
Location of Loss		Kind of Loss	Probable Amount of Entire Loss				
Description of Loss/Damage							
Property Damage to Others							
Name/Address				Home Phone	Work Phone		
Describe Property [Year, Make, Model, Etc.]		Other Ins.	Insurance Co/Agency [Include Policy Number]				
Describe Damage		Estimate Amount	Where Can Damage Be Inspected?				
Injured Party – Name/Address		Phone	Age	Other Vehicle	Insured Vehicle	Pedestrian	Type of Injury
At Fault Other Party[s]							
Name/Address		Phone	Insurance Co/Agency [Include Policy Number]				
Owner of Vehicle [If Different from Above]							
Remarks							
Reported By		Reported To			Signature		