



ADVENTIST RISK MANAGEMENT, INC. (CLAIMS SERVICES)

12501 Old Columbia Pike * Silver Spring MD 20904 *
(301) 680-6870 * FAX (301) 680-6878 * Email: claims@adventistrisk.org

**AUTOMOBILE
LOSS NOTICE (ED. 2010)**

INSURED

Insured Entity Name & Address	Contact Person	Contact's Phone
Church, School or other:	Name:	Home:
Conference:	Email:	Work:

LOSS INFORMATION

Date of Loss:	Time of Loss:
Location of Accident (including City & State)	Police Report & Number
Description of Accident/Nature of Activity (Use additional sheet if necessary)	Violations / Citations

INSURED VEHICLE

Year, Make, Model	V.I.N. (Last 5 digits of ID#)
Owner's Name & Address	Owner's Phone
Driver's Name & Address	Driver's Residence Phone
Driver's Relationship to Insured	Driver's Date of Birth (Age)
Purpose of Vehicle Use	Was Driver Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe Damage	Estimate Amount
Where can vehicle be seen?	Used with Permission Yes <input type="checkbox"/> No <input type="checkbox"/>

DAMAGED PROPERTY (For vehicle information other than above)

Describe Property (If Auto: Year, Make, Model, Plate No.)	Insurance Company or Agency Name & Policy # (if any)
Owner's Name & Address	Owner's Residence Phone
Owner's Business Phone	Driver's Name & Address (Check if same as owner) <input type="checkbox"/>
Driver's Residence Phone	Driver's Business Phone
Describe Damage	Estimate Amount
Where can vehicle be seen?	Was Driver Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>

PASSENGERS (Use additional sheets if necessary)

Name & Address	Phone	Injured
		YES NO
		YES NO

WITNESSES (Use additional sheets if necessary)

Name & Address	Phone

Incident Reported by _____ Date: _____
 Loss Notice Completed by _____ Date: _____
 Signature of Insured's authorized representative _____ Date: _____