

ACORD			AUTOMOBILE LOSS NOTICE – Fax to National Claims Mgmt 503-636-1605			Date Reported
Agent	Agent Phone		Company		Reported by:	
	Policy Number		Effective Date		Expiration Date	
	Date of Accident		Time of Accident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Previously Reported <input type="checkbox"/> Yes <input type="checkbox"/> No	

INSURED			CONTACT			
Name and Address			Name and Address			Where to Contact
Residence Phone	Business Phone		Residence Phone	Business Phone		When to Contact

LOSS		Location of Accident		Authority Contacted:	Report #:	Violations/Citations
Description of Accident:						

POLICY INFORMATION						
B I per person	B I per accident	Property Damage	Single Limit	Med Pay	OTC Deductible	Other Coverage & Deductibles
Loss Payee					Collision Deductible	

INSURED VEHICLE						
Veh #	Year	Make Model	Body Type V.I.N.		Plate Number	State
Owner's Name & Address:					Residence Phone:	
					Business Phone:	
Driver's Name & Address:					Residence Phone:	
					Business Phone:	
Relation to Insured		Date of Birth	Driver's License No.	State	Used with Permission <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Damage:		Estimate Amount	Where can vehicle be seen			When can veh be seen?

PROPERTY DAMAGED			
Describe Property (year, make, model, etc.)		Other Veh/Prop Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Company or Agent Name
			Policy #: Claim #:
Owner's Name & Address			Residence Phone:
			Business Phone:
Other Driver's Name & Address			Residence Phone:
			Business Phone:
Describe Damage:		Estimate Amount:	Where can damage be seen

INJURED							
Name & Address		Phone No.	Ped	IIV	OV	Age	Extent of Injury

WITNESSES OR PASSENGERS					
Name & Address		Phone No.	IV	OV	Other (Specify)
Remarks:					