

AUTOMOBILE LOSS NOTICE

Insurance Reserve Fund Claims Department PO Box 11066 Columbia SC 29211 (803) 737-0020	POLICY NUMBER:	DATE:	
	EFFECTIVE DATE:		
	EXPIRATION DATE:		
	DATE OF ACCIDENT:	TIME:	

INSURED	CONTACT
AGENCY NAME:	NAME:
STREET:	PHONE:
CITY/STATE/ZIP:	E-MAIL ADDRESS:
PHONE:	

LOSS		
LOCATION OF ACCIDENT: (INCLUDE CITY & STATE)	AUTHORITY CONTACTED:	VIOLATIONS OR CITATIONS:
	REPORT #:	
DESCRIPTION OF ACCIDENT: (USE SEPARATE SHEET IF NECESSARY)		

INSURED VEHICLE					
VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
		MODEL:	VIN:		
DESCRIBE DAMAGE		ESTIMATE AMT	WHERE CAN VEHICLE BE SEEN?		WHEN?

OTHER VEHICLE OR PROPERTY DAMAGED INFORMATION					
DESCRIBE PROPERTY: (IF AUTO, YEAR, MAKE, MODEL, PLATE#)			OTHER VEH/PROP INS?		COMPANY OR AGENCY NAME:
				YES	
OWNER'S NAME & ADDRESS				RESIDENCE PHONE	
				BUSINESS PHONE	
OTHER DRIVER'S NAME & ADDRESS (CHECK BELOW IF SAME AS OWNER)				RESIDENCE PHONE	
				BUSINESS PHONE	

INJURED						
NAME AND ADDRESS	PHONE	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY

WITNESSES OR PASSENGERS				
NAME AND ADDRESS	PHONE	INS VEH	OTH VEH	OTHER (Specify)

NOTES:

ATTACHMENTS INCLUDED:	FR-10	YES	NO		POLICE REPORT:	YES	NO		REPAIR ESTIMATE:	YES	NO
REPORTED BY			REPORTED TO			SIGNATURE OF INSURED					