Adventist Risk Management, Inc.

# AUTOMOBILE LOSS NOTICE

12501 Old Columbia Pike - Silver Spring, MD 20904
**OFFICE:** 1 (888) 951-4ARM (4276) | **FAX:** (301) 453-7060
**EMAIL:** claims@adventistrisk.org
cc RiskMgmt@SccSda.org

## ▷ INSURED:

| | | | | | |
|---|---|---|---|---|---|
| CHURCH, SCHOOL OR OTHER: | | CONTACT NAME: | | CONTACT - HOME PHONE: | |
| CONFERENCE/MISSION: | Southern California Conference | CONTACT EMAIL: | | CONTACT - WORK PHONE: | |

## ▷ LOSS INFORMATION:

| MONTH | DAY | YEAR | TIME |
|---|---|---|---|
| | | | AM PM |

| | | | | | |
|---|---|---|---|---|---|
| LOCATION OF ACCIDENT - ADDRESS: | | | CITY: | STATE: | ZIP CODE: |
| DATE REPORTED TO POLICE *(MM/DD/YYYY)*: | | POLICE REPORT NUMBER: | | VIOLATIONS / CITATIONS: | |

DESCRIPTION OF ACCIDENT/NATURE OF ACTIVITY *(USE ADDITIONAL SHEET IF NECESSARY)*

## ▷ INSURED VEHICLE:

| | | | | | | |
|---|---|---|---|---|---|---|
| YEAR, MAKE, MODEL: | | | | V.I.N. (LAST 5 DIGITS OF ID#): | | |
| **OWNER** - FIRST NAME: | M.I. | LAST NAME: | | EMAIL ADDRESS: | | |
| ADDRESS: | | | | CITY: | STATE: | ZIP CODE: |
| **DRIVER** - FIRST NAME: | M.I. | LAST NAME: | | EMAIL ADDRESS: | | |
| ADDRESS: | | | | CITY: | STATE: | ZIP CODE: |
| RELATIONSHIP TO INSURED: | | DATE OF BIRTH: | PURPOSE OF VEHICLE USE: | | WAS DRIVER INJURED? | ☐ YES ☐ NO |
| DESCRIBE DAMAGE: | | | | | USED WITH PERMISSION? | ☐ YES ☐ NO |
| ESTIMATE AMOUNT: | WHERE CAN VEHICLE BE SEEN? - ADDRESS: | | | CITY: | STATE: | ZIP CODE: |

## ▷ 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** - FIRST NAME: | M.I. | LAST NAME: | | HOME PHONE: | WORK PHONE: | |
| ADDRESS: | | | | CITY: | STATE: | ZIP CODE: |
| **DRIVER** - FIRST NAME: | M.I. | LAST NAME: | | HOME PHONE: | WORK PHONE: | |
| ADDRESS: | | | | CITY: | STATE: | ZIP CODE: |
| DESCRIBE DAMAGE: | | | | | ESTIMATE AMOUNT: | |
| WHERE CAN VEHICLE BE SEEN? - ADDRESS: | | CITY: | STATE: | ZIP CODE: | WAS DRIVER INJURED? | ☐ YES ☐ NO |

## ▷ PASSENGERS: *USE ADDITIONAL SHEETS IF NECESSARY*

| | | | | | | |
|---|---|---|---|---|---|---|
| NAME: | M.I. | LAST NAME: | | PHONE NUMBER: | INJURED? | ☐ YES ☐ NO |
| ADDRESS: | | | | CITY: | STATE: | ZIP CODE: |
| NAME: | M.I. | LAST NAME: | | PHONE NUMBER: | INJURED? | ☐ YES ☐ NO |
| ADDRESS: | | | | CITY: | STATE: | ZIP CODE: |
| NAME: | M.I. | LAST NAME: | | PHONE NUMBER: | INJURED? | ☐ YES ☐ NO |
| ADDRESS: | | | | CITY: | STATE: | ZIP CODE: |

## ▷ WITNESSES: *USE ADDITIONAL SHEETS IF NECESSARY*

| | | | | | |
|---|---|---|---|---|---|
| NAME: | M.I. | LAST NAME: | | PHONE NUMBER: | |
| ADDRESS: | | | | CITY: | STATE: ZIP CODE: |
| NAME: | M.I. | LAST NAME: | | PHONE NUMBER: | |
| ADDRESS: | | | | CITY: | STATE: ZIP CODE: |

▷ INCIDENT REPORTED BY: DATE (MM/DD/YYYY):

▷ LOSS NOTICE COMPLETED BY: DATE (MM/DD/YYYY):

▷ SIGNATURE OF INSURED'S AUTHORIZED REPRESENTATIVE: DATE OF SIGNING (MM/DD/YYYY):