

LOSS NOTICE

Named Insured: _____ Phone 1: _____

Address: _____ Phone 2: _____

City: _____ St: _____ Zip: _____ Policy #: _____

Year/Make: _____ Policy Expiration: _____

VIN: _____

Driver: _____

Age: _____ Relation to Insured _____

Date of Loss: _____ Time: _____ Location: _____

DAMAGE REPORT (INSURED)

Where can vehicle be seen:

Drivable:

Y

N

Injuries:

Y

N

Description of Injuries:

Description of Damage:

LOSS NOTICE

DAMAGE REPORT (Other Party)	
Owner's Name/Address:	
Driver's Name/Address:	
Owner Contact:	Driver Contact:
Home Phone:	Home Phone:
Other Phone:	Other Phone:
Insured:	Company:
Injuries:	
Drivable:	Lien:
Year/Make:	VIN:
Where can vehicle be seen:	
Description of Damage:	
Estimated Cost of Repairs:\$	

Description of Accident:

MAIL REPORTS AND ESTIMATES-DO NOT FAX UNLESS REQUESTED

Reported by: _____

Taken by: _____

Time: _____

Date: _____

By this assignment the adjuster or attorney agrees to maintain secrecy of and not use or disclose personal information, except as necessary in order to perform its obligation to Worth Casualty or as required by law. Personal information may be disclosed only to representatives of the adjuster or attorney on a need to know basis, to assist in the performance of its obligation to Worth Casualty.