

Auto Loss Notice

Send completed form to: **BHS Insurance at claims@bhsins.com**

General Information:

Date of Loss: _____ Street/City of Loss: _____

Police: _____ Report Number: _____

Violation/Citation Received by which driver? _____

What Happened: _____

Insured Vehicle:

Year, Make, Model: _____ VIN: _____

Driver's name: _____

Damage to Vehicle: _____

Vehicle Drivable? : _____

Describe Injuries _____

Probable Amount of Loss: _____ Shop Name & Phone: _____

Other Party:

Name & Address: _____

Home Phone: _____ Work Phone: _____

Property Damaged: _____

Describe Injuries _____

Insurance Info: _____

Reported By:

Name: _____ Phone: _____

Company Name: _____ Date: _____