

## Auto Loss Notice

---

Send completed form to: **BHS Insurance at [dfargo@bhsins.com](mailto:dfargo@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: \_\_\_\_\_