Auto Loss Notice

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

General Information:

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

Police Dept: _____ Report Number: _____

Violation/Citation Received by Which Driver?_____

Description of Incident: _____

_____

Insured Vehicle:

Year, Make, Model: _____ VIN: _____

Driver's Name: _____

Location of Damage: _____

Vehicle Drivable? _____

Describe Injuries: _____

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

Other Party:

Name & Address: _____

Home Phone: _____ Work Phone: _____

Property Damaged: _____

Describe Injuries: _____

Insurance Info: _____

Completed By:

Name: _____ Phone: _____

Company Name: _____ Date: _____