



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2849 • Fax 877-452-6909
After Hours Claim Reporting: 877-243-8182
CDA@primeis.com

AUTOMOBILE LOSS NOTICE

General Information

Name of Insured: _____
Contact Name: _____
Insured's Address: _____
City: _____ State _____ Zip: _____
Phone number: () _____ Best time to contact: _____
Policy Number: _____ Effective Date of Policy: _____

Loss Information

Date of Accident: _____
Time of Day: _____ AM or PM
Address of Accident (include city and state): _____

Description of Accident (use reverse if necessary): _____

Police or Fire Department to which you reported: _____
Report, Case or File Number: _____ Enclose a copy of the police report.
Violations or Citations issued: _____

Property Damage to the Other Vehicle

Make: _____ Model: _____ Body Type: _____
Year: _____ Vehicle Identification Number (VIN): _____
Owner's Name and Address: _____

Residential Phone Number: () _____
Business Phone Number: () _____
Driver's Name and Address (if different): _____

Driver's Phone Number: () _____
Damage/Estimate: _____

Property Damage to the Insured's Vehicle

Make: _____ Model: _____
Body Type: _____ Year: _____
Vehicle Identification Number (VIN): _____

Owner's Name and Address: _____

Residential Phone Number: () _____

Business Phone Number: () _____

Driver's Name/Relation to Insured: _____

Driver's Address: _____

Driver's Phone Number: () _____

Date of Birth: _____

Driver's License Number: _____ State Issued: _____

Purpose of Vehicle Use: _____

Used with Permission? Yes No

Describe Damage: _____

Where is the vehicle now? _____

Phone Number for above location: () _____

Other information: _____

Injuries

1. List all Injured:

Name: _____

Address: _____

Telephone Number: () _____

Description of Injury: _____

2. Names of Witnesses or Passengers and their remarks. (Use reverse if necessary).

Passenger/Witness #1 Name: _____

Address: _____

Telephone Number: () _____

Remarks: _____

Passenger/Witness #2 Name: _____

Address: _____

Telephone Number: () _____

Remarks: _____

Signature: _____ Title: _____

Print Name: _____ Date: _____