



AUTOMOBILE LOSS NOTICE

PLEASE PRINT CLEARLY

Summit Insurance 610-356-0400 X104 for claims
When complete Fax to 610-356-1794 or email cbaker@summitinsure.com



Company Name and Address							
Loss Location, if different than address					Date of Loss		
Type: Collision, property damage, injury, death					Time of Loss AM PM		
INSURED AUTOMOBILE							
Driver		Vehicle # Use VIN		Year	Make	Model	Area of damage
Address City State and Zip				Phone #'s include cell		DL# and State	
Passengers		Injuries				Vehicle Drivable: Y N	
ACCIDENT DESCRIPTION							
Include street names and direction of travel, you are vehicle #1: (If not enough room use back of sheet)							
OTHER INVOLVED PARTIES							
Vehicle #2	Driver:			Year	Make	Model	Area of damage
Address:				Phone:		Owner, if different	
Passengers:		Injuries				Vehicle Drivable: Y N	
DL# and STATE		Insurance Company			Policy #		
Vehicle #3	Driver:			Year	Make	Model	Area of damage
Address:				Phone:		Owner, if different	
Passengers:		Injuries				Vehicle Drivable: Y N	
DL# and STATE		Insurance Company			Policy #		
Other contributing causes: i.e. weather, intoxication, animal, mechanical failure, road work							
Witnesses:							
Authority Contacted: Report #:				Violations:			
Is this a questionable accident: yes no							
Subrogation: Is any person, company or machinery responsible for loss: yes no If Yes, Give details:							
Any additional Information:							
Name and Signature of Person Completing Report					Today Date:		