AUTOMOBILE LOSS NOTICE

Adventist Risk Management, Inc.

12501 Old Columbia Pike - Silver Spring, MD 20904
OFFICE: 1 (888) 951-4ARM (4276) | **FAX:** (301) 453-7060
EMAIL: claims@adventistrisk.org

▷ INSURED:

CHURCH, SCHOOL OR OTHER:	CONTACT NAME:	CONTACT - HOME PHONE:
CONFERENCE/MISSION:	CONTACT EMAIL:	CONTACT - WORK PHONE:

▷ LOSS INFORMATION:

MONTH	DAY	YEAR	TIME	
			AM	PM

LOCATION OF ACCIDENT - ADDRESS:	CITY:	STATE:	ZIP CODE:

DATE REPORTED TO POLICE *(MM/DD/YYYY)*:   POLICE REPORT NUMBER: VIOLATIONS / CITATIONS:

DESCRIPTION OF ACCIDENT/NATURE OF ACTIVITY *(USE ADDITIONAL SHEET IF NECESSARY)*

▷ INSURED VEHICLE:

YEAR, MAKE, MODEL: V.I.N. (LAST 5 DIGITS OF ID#):

OWNER - FIRST NAME: M.I.   LAST NAME: EMAIL ADDRESS:

ADDRESS: CITY: STATE: ZIP CODE:

DRIVER - FIRST NAME: M.I.   LAST NAME: EMAIL ADDRESS:

ADDRESS: CITY: STATE: ZIP CODE:

RELATIONSHIP TO INSURED: DATE OF BIRTH: PURPOSE OF VEHICLE USE: WAS DRIVER INJURED?   YES   NO

DESCRIBE DAMAGE: USED WITH PERMISSION?   YES   NO

ESTIMATE AMOUNT: WHERE CAN VEHICLE BE SEEN? - ADDRESS: CITY: STATE: ZIP CODE:

▷ DAMAGED PROPERTY: *FOR VEHICLE INFORMATION OTHER THAN ABOVE*

DESCRIBE PROPERTY (IF AUTO: YEAR, MAKE, MODEL, PLATE NO):

INSURANCE COMPANY OR AGENCY NAME & POLICY # (IF ANY):

OWNER - FIRST NAME: M.I.   LAST NAME: HOME PHONE: WORK PHONE:

ADDRESS: CITY: STATE: ZIP CODE:

DRIVER - FIRST NAME: M.I.   LAST NAME: HOME PHONE: WORK PHONE:

ADDRESS: CITY: STATE: ZIP CODE:

DESCRIBE DAMAGE: ESTIMATE AMOUNT:

WHERE CAN VEHICLE BE SEEN? - ADDRESS: CITY: STATE: ZIP CODE: WAS DRIVER INJURED?   YES   NO

▷ PASSENGERS: *USE ADDITIONAL SHEETS IF NECESSARY*

NAME:	M.I.	LAST NAME:	PHONE NUMBER:	INJURED? YES NO
ADDRESS:		CITY:	STATE:	ZIP CODE:
NAME:	M.I.	LAST NAME:	PHONE NUMBER:	INJURED? YES NO
ADDRESS:		CITY:	STATE:	ZIP CODE:
NAME:	M.I.	LAST NAME:	PHONE NUMBER:	INJURED? YES NO
ADDRESS:		CITY:	STATE:	ZIP CODE:

▷ WITNESSES: *USE ADDITIONAL SHEETS IF NECESSARY*

NAME:	M.I.	LAST NAME:	PHONE NUMBER:	
ADDRESS:		CITY:	STATE:	ZIP CODE:
NAME:	M.I.	LAST NAME:	PHONE NUMBER:	
ADDRESS:		CITY:	STATE:	ZIP CODE:

▷ INCIDENT REPORTED BY: DATE (MM/DD/YYYY):

▷ LOSS NOTICE COMPLETED BY: DATE (MM/DD/YYYY):

▷ SIGNATURE OF INSURED'S AUTHORIZED REPRESENTATIVE: DATE OF SIGNING (MM/DD/YYYY):

(Form Date: 03/28/2014)