

# INSURANCE LOSS NOTICE - *State of West Virginia*

BRIM USE ONLY

Instructions: For **all** losses, complete sections 1, 2 & 3  
For **Auto** losses -- **also** section 4  
For Insured **Property** losses -- **also** section 5

!  
!  
! Coding \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
! To. Co. \_\_\_\_\_  
!

(1) Insured Name: \_\_\_\_\_ Insured Acct. # (**required**) \_\_\_\_\_

Insured Address: \_\_\_\_\_

Insured Phone Number (*day*): \_\_\_\_\_

Contact Person \_\_\_\_\_ Position with Insured \_\_\_\_\_  
For insured (Contact Person)

(2) Date of Loss: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Location of Occurrence: (*Street address*) \_\_\_\_\_

Description of Occurrence: \_\_\_\_\_

Investigated By: (*Police, Fire, etc.*) \_\_\_\_\_

(3) Injured/Property Damaged *use additional sheet(s) as necessary*

Name (*injured/owner*) \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Age \_\_\_\_ Sex \_\_\_\_ Social Security #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Where is Property Now? \_\_\_\_\_

Description-Injury: \_\_\_\_\_

Description-Property Damage: \_\_\_\_\_ Estimate Amt. \$ \_\_\_\_\_

Witnesses: \_\_\_\_\_

(4) Auto Losses Only *use additional sheet(s) as necessary*

Insured Vehicle

Claimant Vehicle

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_ VIN \_\_\_\_\_

Vehicle Driver \_\_\_\_\_ Vehicle Driver \_\_\_\_\_

Vehicle Owner \_\_\_\_\_ Vehicle Owner \_\_\_\_\_

Passengers \_\_\_\_\_ Passengers \_\_\_\_\_

(5) Insured Property Losses Only: Loss Type

( ) Fire ( ) Windstorm ( ) Burglary & Theft ( ) Boiler & Machinery ( ) Fidelity

( ) Vehicle ( ) Aircraft ( ) Other \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_