

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

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!
! Coding _____/_____/_____
! To. Co. _____
!

(1) Insured Name: _____ Insured Acct. # (**required**) 0176
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: _____