

## AUTOMOBILE PHYSICAL DAMAGE LOSS NOTICE

REPORTED DATE \_\_\_/\_\_\_/\_\_\_

CATASTROPHE: \_\_\_\_\_

### SECTION I

INSURED'S NAME: \_\_\_\_\_

A. INSURED VEHICLE: YEAR: \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_ VIN: \_\_\_\_\_

B. INSURED VEHICLE: YEAR: \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_ VIN: \_\_\_\_\_

### SECTION II

PHYSICAL LOCATION OF DAMAGED VEHICLE: (Directions)

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE DAMAGE TO VEHICLE: \_\_\_\_\_

\_\_\_\_\_

INSURED'S ESTIMATE OF LOSS/DAMAGE: \$ \_\_\_\_\_ HOW LONG HAVE YOU OWNED THIS AUTOMOBILE (YRS) \_\_\_\_\_

NAME OF AGENT/BROKER: \_\_\_\_\_ EFFECTIVE DAY OF POLICY: \_\_\_\_\_

IS YOUR CAR FINANCED? YES ( ) NO ( ): IF YES, NAME THE LIENHOLDER \_\_\_\_\_

### SECTION III

NAME OF PRIOR AUTO CARRIER: \_\_\_\_\_

HAS THE VEHICLE BEEN INVOLVED IN ANY ACCIDENTS OR INCIDENTS WITHIN THE PAST (5) YEARS? YES ( ) NO ( ): IF YES, GIVE

DETAILS: \_\_\_\_\_

WAS THE VEHICLE DAMAGED IN ANY PRIOR HURRICANES, IRMA/MARIA? IF SO, GIVE DETAILS AND OUTLINE DAMAGE:

\_\_\_\_\_  
\_\_\_\_\_

WERE YOU PAID FOR THE DAMAGE? YES ( ) NO ( ): IF YES, AMOUNT PAID \$ \_\_\_\_\_ BY WHOM: \_\_\_\_\_

HAS THE CAR BEEN REPAIRED? IF YES, BY WHOM: \_\_\_\_\_ IF NO, STATE REASON: \_\_\_\_\_

\_\_\_\_\_

WHEN WAS YOUR VEHICLE PURCHASED? \_\_\_\_\_ WHERE: \_\_\_\_\_

WAS THE VEHICLE PURCHASED NEW? YES ( ) NO ( ). IF NO, WAS VEHICLE PURCHASED USED? YES ( ) NO ( )



WAS VEHICLE PURCHASED AS A SALVAGE? YES ( ) NO ( ): IF YES, WHERE AND FROM WHOM WAS SALVAGE VEHICLE PURCHASED? Details:

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**SECTION IV**

WHERE WE CAN REACH YOU? \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELLULAR NUMBER: \_\_\_\_\_

SPECIAL REMARKS AND INSTRUCTIONS TO WHERE THE VEHICLE IS LOCATED: \_\_\_\_\_

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**GENERAL POLICY PROVISIONS**

WE DO NOT PROVIDE COVERAGE FOR ANY "INSURED" WHO HAS MADE FRAUDULENT STATEMENTS OR ENGAGED IN FRAUDULENT CONDUCT IN CONNECTION WITH ANY ACCIDENTS OR LOSS FOR WHICH COVERAGE IS SOUGHT UNDER THE POLICY. WE DO NOT PROVIDE COVERAGE FOR ANY "INSURED" WHO HAS INTENTIONALLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE OR MADE FALSE STATEMENTS OR ENGAGED IN FRAUDULENT CONDUCT RELATING TO THE INSURANCE FOR ANY PROPERTY FOR WHICH COVERAGE IS SOUGHT UNDER THEIR POLICY. THE POLICY IS ISSUED ON THE BASIS OF THE INFORMATION SUPPLIED IN THE APPLICATION FOR INSURANCE, WHICH FORMS AN INTEGRAL PART OF YOUR POLICY AND IS A WARRANTY TO THE EXTENT THAT IF ANY OF THE QUESTIONS ARE ANSWERED FRAUDULENTLY OR IN SUCH A WAY AS TO CONCEAL OR MISREPRESENT ANY MATERIAL FACT OR THE SUBJECT THEREOF, THE ENTIRE POLICY SHALL BE VOID.

**I, THE INSURED, HEREBY WARRANT AND CERTIFY BY MY SIGNATURE HEREIN THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF ANY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME OF INSURED

THANK YOU FOR SUBMITTING YOUR LOSS NOTICE.

UPON CONFIRMATION OF COVERAGE, OUR STAFF AND ASSIGNED ADJUSTERS WILL BE IN TOUCH WITH YOU TO BEGIN THE PROCESSING OF YOUR CLAIM.

LN/CAT/0905