INSURANCE LOSS NOTICE - *State of West Virginia*

BRIM USE ONLY

Coding _____/_____/_____

To. Co. _____

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

(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:** _____

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